Library
of the
Academy of Medicine,
Toronto.

LIBRARY
DEC 1 9 2001
UNIVERSITY OF TORONTO

THE
MEDICAL AND SURGICAL REPORTER.

No. 696.] PHILADELPHIA, JULY 2, 1870. [Vol. XXIII.—No 1.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
of Philadelphia.

RHINOSCOPY.

I. ORIGIN AND DEVELOPMENT OF THE ART.

Although sixty-three years have elapsed since Bozzini first proposed, by means of "certain simple apparatus" described in his work, *Der Lichtleiter*, published at Weimar, in 1807, to examine the "internal cavities and spaces in the living animal body," including therein the parts situated "behind the hanging palate," and several eminent observers, especially in Germany, have devoted much attention to the elucidation of the subject, and devising new or improved instruments for exploration, and removing difficulties in the way of the attainment of this art, rhinoscopy still has not yet been cultivated with that degree of interest and industry, nor been received with the same favor and encouragement, as its sister art, laryngoscopy.

Bozzini, a citizen of Frankfort-on-the-Maine, undoubtedly had a conception of the great wealth and importance of the then unknown, and even now the yet imperfectly developed field of instrumental diagnosis by illuminating apparatus as shown in *Der Lichtleiter* (light conductor). His views were first promulgated in 1804, and subsequently embodied and published in the work bearing the above title; but as in religion and politics, he met with the usual fate of the men occupying advanced posts in the march of human intellect, and in the development of science. Discouragement, contempt, and even proscription met him on every side, and from sources which, instead of welling up with envy and condemnation of his important observations, should have aided in swelling a tide that, in all probability, would have borne him, in the end, to the fame of a great inventor and a benefactor of humanity. We may truly say that in the apparatus of Bozzini all the more esential parts of the modern laryngoscope were present. It consisted of a tin, vase-shaped lantern, about thirteen inches high, three wide, and two deep. In the back wall of this box a small perforation was made, to which an eye-piece was fastened; in the front wall there was a larger perforation, intended for the attachment of exploring tubes of polished tin or silver, of different sizes, adapted to the requirements of the cavity to be examined. Between the perforations in the box of the lamp, a socket or metal tube was placed for supporting the candle, movable by a spring; the draft of air required to sustain the light was supplied through holes pierced in the bottom and top of the lantern, and the modern mirror had its counterpart in its concave and light-reflecting walls of polished tin.

In this connection, as concerns the attachments of the tubes, it is now required only to speak of that one intended to explore parts in the naso-pharyngeal cavity. It was formed of two small mirrors, mounted obliquely at the extremity of a metallic speculum, which was separated for the whole of its length by a partition; one of the mirrors was intended for illumination of the parts, and the other for receiving their image. Here then we have essentially a rhinoscope which, had it been adopted, would undoubtedly have led to further modification and improvement, and the *development* of rhinoscopy would not have been delayed until 1849. However, the instrument was dropped, and the inventor forgotten, and we hear nothing more of the subject until Baumes, of Lyons, in 1838, presented to the

medical society of that city a mirror the size of a two franc piece, which was intended to be used in inspecting the posterior nares and larynx, but the subject does not seem to have excited any interest, as no experiment or trials with the instrument were made, at least we can find no account of any such.

Avery, eight years later, in 1846, brought forward an apparatus in which he employed a large concave reflector, artificial light, and a laryngeal mirror, fixed in a speculum. His object was by this instrument to obtain an image either of the parts behind the palate or of the larynx, according as the mirror at the extremity of the speculum was turned upwards or downwards. We have no cases recorded either of the application of this instrument.

R. Wilde, of Dublin, whose large experience in aural diseases would have seemed naturally to suggest as a desideratum, some means of examining the pharyngeal orifices of the Eustachian tubes, also conceived of the possibility of such a consummation by means of mirrors.

The crowning work, however, was reserved for Professor J. N. Czermak, who, in 1848, after repeating and verifying the experiments and observations of Garcia, on the anatomy and physiology of the larynx, devoted himself to the study and practice of laryngoscopy in its application to clinical medicine, illuminated the naso-pharyngeal cavity more perfectly, thus excelling all his predecessors in obtaining perfect images of the parts therein contained, and finally laid the foundation of rhinal pathology as it now exists. The experiments and demonstrations of Czermak, and the results of his labors as published in German journals, and his work on the laryngoscope, have attracted general attention, and many physicians have since explored the same field with profitable results for practical medicines, whose bounds have been thereby widened; diseases hitherto incapable of being diagnosed by the means then possessed by the profession, have been made evident by the use of the rhinal mirror, and the application of means for their cure rendered more certain. The field that rhinoscopy has opened, it is true, is not a very spacious one, nor yet is one from which the fruits that do exist there can be procured without much and patient labor. On the contrary, the experience of observers skilled in this art all go to show what might have been *a priori*, inferred from the obstacles inherent in the peculiar anatomical arrangement of the naso-pharyngeal cavity; that it is very difficult to acquire sufficient manual dexterity to obtain all the advantages procurable from the employment of reflecting instruments. Conjoined with the obstacle presented by the very limited space in which the surgeon has to employ his mirrors, is the additional and often insuperable one, irritability of the soft palate, base of the tongue and palatine arches; and these structures are again connected in intimate sympathy with the larynx and stomach that the contact of his instruments with them induce coughing, and often vomiting, thus precluding, for the time being, that is, as long as this irritability and its associated excited actions last, the attainment of any useful results. It is, however, truly remarkable, surrounded by difficulties, as such investigations necessarily are, what gratifying success is procurable by the skilled hand, guided by the practiced eye, in certain cases, which, without the assistance rendered by rhinoscopic illumination, could not be met by any means known to surgical science, and it will be our agreeable duty to put before our readers illustrations of our assertion when we come to the pathology of the posterior nares and pharynx.

II. ANATOMY OF THE NASO-PHARYNGEAL CAVITY.

We should be prepared, in entering upon rhinoscopic studies, with a preliminary knowledge of the normal anatomy of the naso-pharyngeal cavity, and, with this view, it will not be out of place to refresh the memory by alluding, in a cursory manner, to the principal points of the structure and arrangement of the walls and constituent parts. This space is cubical in general outline, extending from a horizontal plane passing from the last molar teeth to the posterior pharyngeal wall, upwards to the base of the skull, and forwards to the nasal bones. The walls of the pharyngeal portion, on an average about two lines thick, consist of dense fibrous tissue, the pharyngeal aponeurosis attached by a tendinous expansion to the basilar and petrous processes of the occipital and temporal bones, by loose cellular annexions to the prevertebral fascia of the upper cervical vertebræ and to the muscles reposing upon them; laterally, cellular tissue connect them to the styloid process and the muscles emerging from it, and by muscular and fibrous tissue to the petrous por-

tions of the temporal bones, and to the internal pterygoid processes; anteriorly the walls are continuous with the margins of the posterior nares. The cavity is lined by mucous membrane, continuous above with the same tissue of the nares and Eustachian tube; it is prolonged below into the mucous coating of the mouth, œsophagus, and larynx. This membrane is thick where it is connected with the periosteum of the basilar process, but becomes thinner as it descends in the neighborhood of the posterior nares and Eustachian tubes. In the latter situations, also, are found numerous muciparous glands of the racemose variety, one-third to one line in diameter; a glandular mass from one to four lines thick extends between the orifice of the tubes. The color of the mucous membrane varies in the different situations, the upper portion being redder than the lower, presents no papillæ, and is covered above the margin of the velum with ciliated epithelium, while below this the epithelium is of the ordinary tesellated kind.

The whole length of this posterior wall of the pharnynx is about four and a half inches, and its transverse diameter somewhat greater than its antero-posterior, the former measuring opposite the nares about two and a quarter to two and a half inches, and the latter about seven-tenths of an inch, the size of the cavity gradually increasing from above downwards to the hyoid bone, where it gains its greatest width, and then rapidly diminishes to its termination opposite the cricoid cartilage, its narrowest part.

Upon the lateral wall of the pharynx, about the level of and just behind the inferior turbinated bone are the Eustachian orifices marked by their well-defined oval margins. Behind these orifices the mucous membrane is broad, thick, and elevated, extending obliquely downward and outward, forming with the posterior pharyngeal wall a cleft called the sinus of Rosenmuller; these parts, from their relation with the Eustachian apertures, are important points to be remembered in introducing the Eustachian catheter.

The anterior portion of the naso-pharyngeal cavity constituting the nasal fossæ diminishes in width from below upwards, measuring upon the floor about three centimetres, and hardly eight millimetres at its highest point; the vertical distance between floor and roof posteriorly varies from one-half to one-and-a-half inches. The fossæ are bounded above and in front by the nasal bones, the cribriform lamella of the ethmoid, and the under surface of the body of the ethmoid bone, forming a roof sloping posteriorly from its highest point in front; laterally the walls are formed of the lachrymal, ethmoid, palate, inferior turbinated and superior maxilliary bones, projecting from this surface horizontally inward toward the septum are the three turbinate bones (sometimes four,) forming between them grooves called meatuses. The superior turbinated bone is the shortest and smallest of the three; beneath this is the superior meatus into which the posterior ethmoidal cells and sphenoid palatine foramen enter. More anteriorly, and below the middle turbinated is seen overhanging the middle meatus, which receives the orifices of the anterior ethmoidal cells and the maxillary sinus. The inferior turbinated is the largest of them all, and bounds the inferior meatus above, into which the inferior aperture of the nasal duct opens. The floor of the nasal fossæ is formed by the palate processes of the superior maxillary bone, and the horizontal process of the palate bone; it is concave from side to side, and slopes backward at an angle of 20° or thereabouts, with a horizontal plane.

Between the nasal roof and floor, in the median line, a cartilago-osseous partition extends, dividing the rhinal cavity into two chambers or fossæ; it is formed by a cartilaginous plate in front, the perpendicular plate of the ethmoid and the vomer, and in most cases does not occupy an exactly vertical position, but inclines to one side or the other, generally to the left.

All these parts are lined by mucous membranes, abundantly filled with racemose glands, and closely connected with perichondrium over which it lies, that covering the turbinated bone, particularly the inferior, being much more vascular and thicker than elsewhere. On the septum it is thick and spongy, but that lining the floor, roof and meatuses is thinner and paler.

The floor of the nasal cavities is continued posteriorly with the velum-palati, or soft palate, a membrano-muscular veil forming a movable boundary between the buccal and pharyngeal cavities; it extends backward, in the median line in a pointed process, and the uvula laterally is bounded by a concave border, sweeping around into and continuous with the lateral pharyngeal walls.

III.—APPARATUS FOR RHINOSCOPIC EXAMINATION.

The optical principle upon which rhinoscopic apparatus is based is a simple one. It may be formularized in a few words—that for an object to become visible, it is only necessary for the eye to receive rays of light reflected by it. As these rays proceed always in straight lines, any reflection that might take place from the posterior nares, will be rectangular to the line of vision, and would, therefore, never reach the eye, unless some means were adopted to alter their course, and give them a direction parallel with the optic axis, and thus enable the eye to receive them. Such means are afforded by a small mirror held obliquely in the throat, with its reflecting surface upwards in such a position that the image of the parts above may be recieved, and the rays from this latter may proceed in the direction of the antero-posterior diameter of the buccal cavity. This would indeed be a very simple rhinoscope, but is useless practically to the physician for the ordinary amount of light obtainable in this way is not sufficient to illuminate the nares so as to give distinct images. We are compelled, therefore, to have recourse to some further means of illumination, and the method adopted for this purpose is to employ a concave mirror which, receiving the rays from a bright sun, or some sort of lamp, conveys them upon the throat mirror, the latter throws the additional light upon the parts in the pharyngo-nasal cavity, which, after being brightly illuminated, return the rays and form in the small mirror a clear and distinct image, which may then be inspected with ease.

There must be a sufficient amount of space in the throat in which to manipulate the mirror; and, in general, we find that this can be gained with the simple mechanical means at our disposal—the tongue depressor and palate hook—the former being indispensable, as few persons have sufficient control over the movements of the tongue to keep it sufficiently low as not to touch the mirror, while the hook can in most cases be dispensed with—at least I have made the most of my successful examinations without it, and have rarely found it to aid me in any case.

We shall now proceed to consider the apparatus for rhinoscopic exploration in the order in which they have been named.

THROAT MIRRORS.

These mirrors are made of different materials, sizes, shape and form. Those commonly employed are of ordinary glass, with the usual amalgam backing, forming a beautiful reflecting surface when well made, and possessing durability and finish which have secured them the preference of every other sort. The reflecting surface cannot, however, be made so perfectly mirror-like as that of steel highly polished, and, indeed, the latter would be much preferable could the objection to it, which more than counterbalance its advantages, be removed; the objections are that the metal tarnishes easily, becomes scratched in cleaning, becomes discolored by frequent warming, and altogether difficult to keep in good working order. It has been attempted, with some success, to remove some of these drawbacks by silver-plating the steel. I am working now with a set of four mirrors made in this manner eight years ago, and they are still in good order, the slight hair-like scratches upon their surfaces not pratically interfering with the clearness of their image. Of whatever material the mirror is made, it is important to have it of sufficient thickness to retain heat after being warmed long enough to get a good view of the image before its surface becomes clouded by the deposition upon it of the aqueous vapor exhaled in respiration, when its removal and reheating becomes again indispensable. As to the size of the mirror to be used, that will depend upon the amount of space in the pharynx that one has to work in, and this varies in different persons. Of course, the larger the mirror that can be employed the better, both on account of the size and illumination of the field visible. The practitioner will find the three mirrors shown in the drawing (Fig. 1) of the natural size, the most advantageous. They are of four, six, and eight-tenths of an inch in diameter—one even an inch in diameter may in rare cases be employed. In my own case, for example, I can easily usethis size, but in the majority of cases eight-tenths will be the largest that can be employed.

The shape of the mirror is of much less importance, the round ones shown in the cut will, on the whole, answer perhaps better than any other; but when the throat is narrowed by enlarged tonsils, the oval ones might find a useful application; the square mirror, with rounded corners, may also be successfully worked.

Though the shape of the mirror is of little mo-

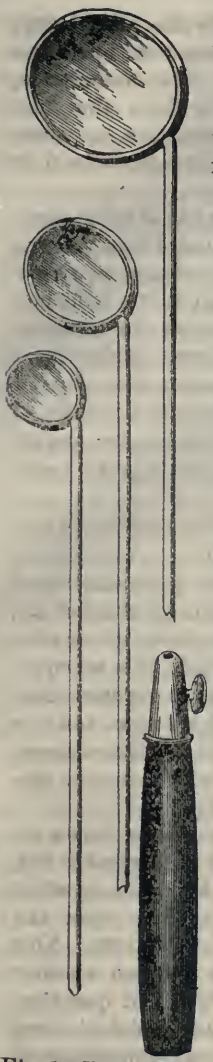


Fig. 1—Rhinoscopic Mirrors.

ment, not so the form or rather the manner in which it is attached to its stem. I have found those given in the cut, drawn by myself, from the set I employ, answer my purpose best; the stem is solidly soldered to the back of the mirror at an angle of 130°. Semeleder advises those set at or near a right angle, but the oblique form enables one to inspect the whole pharyngo-nasal cavity, by elevating or depressing the handle, or changing the position of the mirror, which inspection, from a careful consideration of the anatomy of the parts, could not be attained with the rectangular instrument. I have, however, used the latter with satisfaction in observing the superior surface of the velum, inferior meatuses and lower portion of the septum narium.

PALATE HOOK AND TONGUE DEPRESSOR.

Several devices have been suggested for obtaining greater amplitude of the space between the velum and posterior wall of the pharynx, by drawing forward the uvula and velum. As we have already observed, the cases requiring this are altogether exceptional in order to make a good rhinoscopic exploration, but that there are such there is no doubt, but our experience is that an elongated uvula is more often inconvenient by hanging down in front of the mirror, and cutting off a view of the image, than want of space. Türck proposed to remove these difficulties by adopting the use of the little contrivance shown in the annexed cut (Fig. 2), consisting of a small

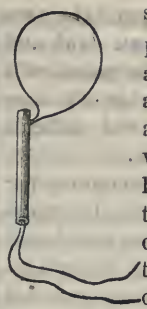


Fig. 2—Türck's Palate Noose.

silver tube, about an inch long, perforated near one extremity by a small hole, and of sufficient diameter to permit the passage of a doubled thread, the "bight" of which is drawn through the small hole at one end of the tube, while the free ends depend from the other. In employing this noose, the loop of the thread is hitched over the uvula, the tube is then shoved down upon it, and the free extremities of the thread are drawn forward from the mouth until sufficient traction is made upon the velum, when they are to be attached to a band passing around the head.

Czermark recommended for the same purpose a hook made of German silver, about four inches long, of which the stem, gradually widening from the handle is turned up at the point about a quarter of an inch. He used hooks of several sizes, different shapes and variously angulated at the point, sometimes, even where it was important or necessary to inspect this posterior surface of the velum, the point was fenestrated.

Neither of these plans have succeeded in accomplishing the object in view, and indeed, from the irritability of the points about the throat it is difficult to devise any instrument that will possess, in its application, advantages more than counterbalancing its inconvenience. I have, however, in the little hook shown in Fig. 3., combined, all the advantages procurable from such an instrument. It is made of light German silver wire in the form shown. The points of the hook are intended to catch on the posterior surface of the velum on either side of the uvula, the latter fleshy process being sustained in the small circular bend of wire at the base projecting horizontally, and doubled, as it were, out of the way upon the anterior surface of the velum. The hook allows of the most thorough examination of the posterior surface of the soft palate as the fine wire covers but little of the surface. The handle of the hook is shaped into an oval, with which the elongated uvula may be removed to one side or the other, as circumstances require, and held against the palate. The wire permits the hook to be bent into any desirable shape; for instance, if the surgeon wishes to use th hand holding the hook for som

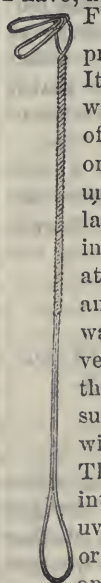


Fig. 3—Author's Palate Hook.

other purpose, he has only to expand the two wires, forming the handle into an oval, and bend this over the nose, when the palate will be securely held forwards. This plan of course will be restricted to complex and difficult cases of rhinoscopic manipulation.

With whatever justice and convenience palate hooks may be dispensed with, the same is not true of the tongue depressor, which, for reasons we have already assigned, become indispensable. By its use we gain in vertical space, and at the same time control the base of the tongue, preventing its rising against the mirror. There are several forms of the depressor recommended, but we prefer the one shown in the annexed sketch, designed by Dr. J. Solis Cohen, of Philadelphia. It is manufactured of metal or hard rubber, and presents the shape shown; the vertical arm is well bent upon the lingual, so as to be entirely out of the way of the hands in manipulating with instruments. Türck employed an instrument for the same purpose, consisting of several blades fitting to ore handle, and capable of being either lengthened or shortened at option, so that it may be adapted to the throats of persons of different ages.

Fig. 4—Cohen's Tongue Depressor.

Czermak's spatula is constructed of a blade with a spoon-shaped concavity to receive the superior surface of the tongue, and extends well back to the root of the tongue.

[*To be continued*].

THE PHYSIOLOGICAL ACTION OF PROTOXIDE OF NITROGEN.

By John. J. Colton, M. D.,
Of Philadelphia, Pa.

It has been a disputed point among scientific men, ever since the protoxide of nitrogen came into general use as an anæsthetic, whether its action depends upon oxidation or whether the carbonic acid generated either by the ordinary disintegration of tissue, or, by super oxydation, produces the anæsthesia. Eminent gentlemen in this country and Europe have maintained (and with some plausibility) that carbonic acid, by its action upon the nerve centres, produces the anæsthesia, arriving at this conclusion from the fact that evidences of asphyxia, are in some cases, so manifest, while others have held to the theory of oxidation.

Having administered this gas to many thousands of persons, having inhaled it in my own person, hundreds of times during as many successive days, and having carefully watched its effects upon the system under the greatest variety of circumstances and conditions, I have maintained that its action must depend upon oxidation and that the indications of asphyxia (slight in ordinary cases) are merely an incidental effect rather than the main cause of the anæsthesia.

The following experiments, it seems to me, clearly establish this theory:

Exp. 1. Take two jars of equal size filled with lime water, pass a definite amount of air, as it comes from the lungs, through one solution, and it is rendered turbid; pass an equal amount of nitrous oxide, as it escapes from the lungs, through the other solution, and it is also rendered turbid, but to a greater degree than the first, indicating the presence of carbonic acid in greater quantity.

Exp. 2. Breathe through a tube into a solution of litmus blue, and it is changed to red. It will take, we will say 15 seconds, to effect the change (the time depending upon the strength and quantity of the solution). Now breathe nitrous oxide gas through another solution of the same strength and quantity, and we shall notice the change of color in from 10 to 12 seconds, indicating the elimination of carbonic acid to a greater extent than the normal amount, while breathing the gas, as in the first experiment.

Exp. 3. Take a full inspiration of air, retain it in the lungs for one minute, and there are no indications of anæsthesia. Now try the same experiment with the gas, and the anæsthetic effect is manifest almost to insensibility while there are no indications of asphyxia.

We have thus demonstrated, by the first two experiments, that while breathing protoxide of nitrogen, an increased amount of carbonic acid is exhaled, and as this excess *must* be produced by oxidation, we *reasonably* infer that the action of the protoxide is oxidation; and the third experiment furnishes corroborative testimony, though of a negative

character; for if the retention of carbonic acid causes the anæsthesia, why are there not some indications when air is retained in the lungs?

If we inhale pure nitrogen, we still exhale carbonic acid for a time, owing to the union of the oxygen previously introduced into the system, with the carbon and hydrogen of the tissues, but the amount is sensibly diminished. Now, this diminished amount of carbonic acid might have been anticipated, since we have not furnished sufficient oxygen to produce the normal amount. But on the other hand, when we find an increased amount of carbonic acid we infer a corresponding increase of oxidation.

But it is objected that nitrous oxide is not a mixture of gases like the air, but a chemical compound, and therefore it does not act by oxidation. Let us see. Exp. 4. Plunge a lighted taper into the gas, and it burns with greatly increased brilliancy; the heated elements of the taper presenting a stronger affinity for the oxygen than the nitrogen does, take it and form the new combinations, carbonic acid and water. This fact shows the affinity of the elements composing nitrous oxide to be feeble.

Reasoning, now, from analogy, we might be led to infer that similar results would follow the introduction of the gas into the system, and such we find to be the case. The oxygen of the gas, by its stronger affinity, seizes upon the carbon and hydrogen of the tissues, with the same results of combination as in the case of the taper; in other words, we have super-oxidation.

But it is objected that *pure oxygen* exerts a less powerful action upon the system than the gas which is two-thirds nitrogen. The answer is simply, that the blood absorbs but a small percentage of oxygen, so that when it is introduced into the lungs it finds its way into the system slowly, while nitrous oxide is rapidly absorbed and conveyed to the tissues to be given up for combination.

Exp. 5. If one takes a full inhalation of the gas, he instantly feels a thrill throughout the entire system. This is the incipient stage of anæsthesia, and the rapidity of its action is another proof of the theory of oxidation, for if these sensations were caused by the accumulation of carbonic acid, we should hardly anticipate such a result in the course of a few seconds.

It is still further objected that the asphyxiated appearance of persons under its influence, indicating a superabundance of carbonic acid in the system, suggests, at least, that it is the cause of the anæsthesia. The third, fourth, and fifth experiments furnish proof of the absurdity of this conclusion.

Moreover, the principal evidence of asphyxia ordinarily manifested is the cyanosed tint of the lips, which is, in part, produced by pressure in holding them tightly upon the inhaling tube, while in certain cases, in which these evidences are more striking, there is a cessation of breathing caused by the tongue falling back upon the epiglottis; by removing this obstruction, and allowing the patient a breath of air, the symptoms of asphyxia disappear. If the inhalations be prolonged to extreme limits, we shall also notice the asphyxiated appearance owing to the accumulation of carbonic acid.

The above indications furnish the main argument in favor of the carbonic acid theory. That there accumulates in the system a larger than the normal amount of carbonic acid is evident, and this is entirely consistent with the theory of oxidation, but this accumulation is not in sufficient amount in ordinary cases to attract attention, certainly not enough to produce profound insensibility. Moreover, the effects of nitrous oxide upon the system are not such as we should anticipate, were they caused by the action of carbonic acid for its depressing in its influence. Even if a slight impediment is offered to its elimination from the lungs, "a feeling of discomfort and depression increasing with the duration of the interruption is speedily felt."

Now, while inhaling the nitrous oxide, although there is an increase of carbonic acid in the system, yet, if it be in sufficient amount to produce anæsthesia, how shall we explain the immediate reaction, and the agreeable sensations while inhaling, as well as for some time subsequent.

In the ordinary use of stimulants, there follows "a period of depression corresponding to the exaltation of the functions excited," yet persons who have submitted to the influence of nitrous oxide give no idications of this character. On the contrary, there ordinarily follows a period of exhilaration, just what might be anticipated from an excess of oxygen.

The system resumes its normal condition as soon as the oxygen has been disposed of by

union, and the carbonic acid and other products of oxidation eliminated, which process is very rapid—while chloroform, ether, alcohol, and other narcotics and stimulants linger in the system much longer, and, by their prolonged action upon the nerve-centres, produce their depressing effects and obstruct oxidation.

But the wonderful power of the nitrous oxide yet remains to be explained.

It is a well-known principle of chemistry, that elements in the nascent state, just liberated from union, exhibit remarkable characteristics and properties.

Nitrogen and hydrogen, for example, placed in a jar together, manifest no affinity for each other, and cannot be induced to unite even by the application of the most intense heat—but let them come together just at the moment of liberation from other compounds, and they combine with the utmost avidity. This is the precise condition in which the oxygen of the protoxide is found, as it enters into combination with the tissues of the body—just liberated from its union with nitrogen, it is in its nascent state—the active condition, and thus it exhibits its extraordinary powers of oxidation.

I have in this brief and cursory manner endeavored to prove, (1) that persons breathing protoxide of nitrogen exhale a larger amount of carbonic than while breathing common air: and (2) that its action is essentially oxidation, and that the excess of carbonic acid in the system is merely incidental, and in no wise sufficient to produce anæsthesia; and, (3) that its inoffensive effects are due to its action as an oxydizer; and (4) that no subsequent depression follows, but rather a rapid reaction; because, acting by oxidation, the products of its combinations are speedily eliminated from the system; and, (5) that its remarkably powerful action is due to its entering into new combinations, just at the moment of its liberation, when in its nascent state.

I shall reserve for a future article what I had intended to say of its uses and abuses, and close by expressing my profound conviction that the pure protoxide of nitrogen, administered within proper limits, is harmless in its action, while if made from contaminated materials: if generated at too high a temperature; if used immediately after it is made; if the impurities ordinarily found in it be not removed; if inhaled in sufficient quantity to produce profound anæsthesia, after being prepared for a few days, or if the administration of the *pure gas* be persisted in beyond *certain limits* it is capable of an immense amount of mischief. At the same time I would, express the earnest desire that a free and full discussion of the subject may afford a better knowledge of its physiological action and increase its value as an agent for the relief of human suffering.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

May 25th, 1870.

Surgical Clinic of Prof. D. Hayes Agnew, M. D.

(REPORTED BY DR. DE F. WILLARD.)

I have now to present to your notice a series of cases of irregularity in contractions of muscles, due either to congenital deformity or to heal-nutrition, or to deficiency of nerve power now existing in the individual. All of these are exceedingly interesting to the practitioner, since they will be constantly brought to his attention.

The first case which I shall bring before you is an instance of the disease known as

Torticollis or Wry Neck.

The patient is a white female child of 4 years of age, and as you observe her you will see that the head is drawn downward toward the right shoulder, and as I attempt to raise it to its normal position, a prominence rises in the skin upon that side of the neck. As I follow this prominence with my fingers, I find it firm and tense, and from its direction and attachments, I recognize it as the sterno-cleido-mastoid muscle; yet when I more carefully trace it, I find that all the muscle is not thus tense and contracted, but only the clavicular portion, for you will remember that this muscle arises from two heads, and, in fact, it was described by the older anatomists as two muscles, the sterno-mastoid and the claviculo-mastoid.

This case, therefore, clearly proves that these portions are capable of acting entirely distinct and independent of each other. In the present instance, this seems to be the only muscle implicated, but in extreme cases, the platysma, trapezius, scaleni and even the splenius may be affected. This complaint, when of long standing, gives a peculiar expression to the face, and necessitates a stiff, awkward movement of the whole body whenever the sufferer desires to see an object which is not directly in front. The duration will depend upon the cause. The causes are numerous, as rheumatism, which may give but temporary difficulty and speedily pass away or it may proceed from disease of the cervical vertebræ of the cervical glands, or from paralysis.

In the case before us which is of five weeks' standing, I observe that the child is pale and anæmic, and upon looking more closely I notice certain irregular movements of the arms, which I learn, by interrogating the mother, have existed for some time, as she now remembers, although she had scarcely given them notice before. These movements are twitching in their character, and follow each other quite rapidly, though they are slight.

I therefore infer that this child is suffering from a commencing attack of chorea, and that this wryneck is but one of the manifestations originating from the same cause, whatever that may be, and it is unquestionably due in a great measure to her debilitated condition, thus giving a deficient or a disturbed nerve-supply to the muscles, now destroying the regularity or equilibrium of action of opposing muscles, giving thus *unequal* or uncertain contractions.

Consequently it is manifestly a case not requiring operative interference, but constitutional treatment and general hygienic measures. I shall then order that this child be given ½ gtt. liq. potass. arsen., with gtt. iij. of tinct. fer. chlor., and a ʒ. ol. morrh., t. d. At the same time allowing it to spend much of its time in the open air, and to partake of a generous diet, into which milk shall largely enter.

The skin to be kept in activity by baths, frictions, etc.

Upon the side of the neck will also have a stimulating liniment well rubbed, twice in the twenty-four hours, trusting more to general remedies, however, than to local.

Deformity of the Foot.

The next case to be presented will fall, like the last, under the head of disturbance of nerve-power, and I bring forward a youth, 16 years of age, who is suffering from a deformity of the foot.

He first noticed this difficulty some eight months since, there being no assignable cause, save that his health had been impaired by an attack of illness.

You will notice that the right foot is markedly abducted, being drawn outward from its normal position to such an extent that the tarsus is placed at an obtuse angle with the tibia and fibula, thus presenting the deformity known as the talipes valgus. Upon examination I find the peronei muscles to be the ones chiefly at fault, they being quite firmly contracted, the antagonistic muscles, being, of course, relaxed; and you will clearly understand this deformity if you will recall for a moment the course of the peroneus longus, as it passes from the fibular side of the foot, to be inserted into the outer side of the metatarsal bone of the great toe.

There being no assignable cause for this difficulty, and as it is rare to see such a disease originate at his age, it being much more common in childhood, it is therefore evident that the seat of the lesion is in the attenuated condition of the nerve-supply to these muscles, and to unequal distribution of this supply.

The supply of the peroneus longus and brevis, is, as you remember, from the musculo-cutaneous branch of the peroneal, while the peroneus tertius and tibialis anticus are supplied by the anterior tibial.

The deformity not being yet so marked as to require division of the contracted tendons, we will endeavor to correct the malposition by appropriate mechanical means, and by constitutional remedies.

A shoe will be constructed, such as is now made by all surgical instrument makers, which will give constant support to the ankle, and at the same time exert a gentle pressure, in the way of abduction, which we trust will gradually bring this foot into good position, without operation, at least for the present.

Infantile Paralysis—Club-foot.

At the same time, as of paramount importance, we will give him tonics of iron, arsenic, etc., to bring his digestion into better action.

I have also another case presenting the same condition, but in a different form. This babe, nine months of age, as you will observe, has its thumb drawn firmly in toward the palm, and, upon looking at the opposite hand, we find the same condition existing there, and we are told by the mother that the child was born in this condition, and cannot abduct them. I immediately looked to ascertain whether there be other deformities upon its person, and discovered not only that both feet are very flat, but each tarsus is flexed upon the bones of the leg, by the contraction of the tibialis ant., ext. long. pol., ext, long. digit., and perhaps the peroneus tertius, which is in reality but a slip of the latter muscle, thus fixing the feet in the position known as *talipes calcaneus*, and rendering the heel the most dependent portion of the foot.

I have also here a child suffering from the deformity known as varus, affecting both feet, and thus you have presented to you at one time all but one of the chief varieties of club-foot, the remaining one being talipes equinus, in which case the patient walks upon the phalanges of the foot, the heel being drawn up by the contraction of the gastrocnemius and soleus.

I need not dwell long upon club-foot, save to say that it is congenital in the majority of cases, being, found as early as the third or fourth month of fœtal life; but it may occur at any time during childhood as a result of what is known as "infantile paralysis," or "paralysis of children, combined with fatty degeneration of the muscles," in which case the club-foot is produced slowly and gradually as the child walks about with these relaxed muscles, and is occasioned thus almost mechanically.

These cases of infantile paralysis are usually sud-

den in their onset, often no assignable cause being discovered, and the loss of power may be confined to one muscle, or may involve all the extremities, in which latter case, however, some portions of the body usually regain the original power.

The groups of muscles most frequently affected by paralysis, are the muscles of the front of the leg, forming the extensors of the toes and the flexors of the foot, next in frequency we find the extensors and supinators of the hand, and thirdly, the extensors of the leg and the muscles of the foot. When a single muscle is affected, the extensor, long. digit. pedis, is the most frequent, and the tibiralis, ant., next.

If this paralysis be permanent, and the nutrition of the whole limb is affected, the bones are retarded in their growth, rendering the limb shorter than its fellow; the muscles waste and the temperature is lowered, and thus the foot, being given over to those muscles which are unaffected, the deformity becomes worse and worse, if no preventive measures are employed, giving us in the end a well marked case of any of the varities of club foot, equino varus being, however, the most common. There are two forms of this paralysis, the one called by M. Duchenne "the temporary paralysis of infancy," which always terminates by a rapid recovery, while the other variety is of long duration, and ends in atrophy or fatty degeneration of muscles, and later, in deformity due to disturbance of the equilibrium of the muscular forces.

These two varieties are described together by Barthez and Rilliet, under the name of "essential paralysis," and it is probable that they are really but differences in degree rather than in kind, still it is possible that one may be due to mere reflex irritation, whilst the more persistent form is dependent on organic changes in the cord. Exactly what that change in the cord is, is still unsettled, even if it really exist, and it rests mainly upon the evidence of M. Roger, that there is a degeneration of the anterior part of the lateral column.

Heine, Radcliff and Brown-Séquard, are of the opinion that it consists in a congestion of the cord followed by a watery effusion, and subsequent atrophy.

Galvanism is an important assistant in the diagnosis of this disease from those cases of cerebral paralysis which affect the lower extremeties since in the latter case electro-muscular contractility remains, while in "essential paralysis," it is lost after a few weeks, either partially or wholly, but at times the most powerful induced currents (Faradisation) will have no effect, while a direct galvanic current of low tension, slowly interrupted, will act energetically.

It is a curious fact, that in proportion to the recovery of susceptibility to an induced current and of voluntary fervor, the direct galvanic current loses its effect on these muscles.

When deformity has occurred in consequence of atrophic paralysis, it is important not to confound it with congenital deformity, or with deformity with spasm.

In paralytic talipes equinus, the deformity arises from the action of the gastrocnemius, whilst the tibialis and flexors are either paralyzed or act feebly, and these latter muscles will be found not responding to galvanism.

The most frequent deformities are equinus, and equino-varus, and there is one deformity which occasionally occurs, which is said by Laborde to occur in no other way, being never found in congenital cases.

It consists in an elevation of the dorsum of the foot, from paralysis of the gastrocnemii, with an exaggeration of the plantar arch, from the action of the peroneus longus or the flexors of the toes.

Equino-valgus, calcaneus or calcaneo-valgus and varus also occur. Bony deformity occurs secondarily, not primarily, as in congenital cases, and is only found when the foot has been neglected and allowed to remain too long in its false position.

In congenital cases, and also in these, there is great mobility of the parts, so that the foot may be twisted to such an extent that its plantar surface may even look upward when the patient is walking.

This mobility, not only of the ankle-joint, but of the articulations of the tarsus, is due primarily to the relaxation of the muscles rather than of the ligaments themselves, but as the bones are thus constantly allowed to fall out of position, the ligaments gradually relax, and as the patient walks, are stretched in the direction of extension, and relaxed in that of flexion, so that the bones of the tarsus at last become distorted—twisted upon each other,—occupying false positions, and are at times even marked by irregular extensions, thus sometimes preventing return to a normal position even after an operation.

In the treatment of the cases now before us; we will endeavor to accomplish a cure of the deformity by mechanical means, leaving tenotomy to be performed in the future, should these means fail, though they will often be sufficient in themselves, so that tenotomy should always be deferred until deemed necessary. In cases arising from infantile paralysis, faradisation and mild gymnastic exercises are often of great benefit in restoring the lost power to certain muscles.

Suitable orthopædical apparatus will be constructed for these children, and they will be directed to return at some future time to report upon the progress of their respective cases.

In the case of the child with such marked adduction of the thumbs, an apparatus must be devised

which will slowly but steadily, without exerting dangerous pressure upon the soft parts, draw these thumbs into their normal position.

CLINIC OF DR. J. E. GARRETSON.

May 25th.

Hare-Lip.

The deformity of the child now presented, is so familiar to the class that I need not stop to discuss it minutely; suffice to say, that all cases may be put down under two heads, simple and compound. A simple cleft is a single cleft without complications; the compound clefts have a variety of forms, which may be studied with more profit by us in the future, as the cases present.

The case before us is one of the simple variety—presenting a single break in the continuity of the lip, immediately to the left of the median line. It is a simple V break; dog-eared at the free surface, being, indeed, the analogue of the hare's lip from whence its name is derived.

In considering a case of this kind, three questions alone are involved: 1st. The time of life best suited to an operation. 2d. The condition of the patient. 3d. The mode of operation.

While much discussion has been elicited concerning the first, yet I think it may be assumed as settled that one time of life is nearly as good as another. The second question, however, demands serious consideration. Let me quote here some expressions I have published upon the subject.

"Every man, woman and child in the world has a certain amount of physique, and no more. The experience and physiological knowledge of the surgeon enable him to weigh this life force. He must decide then, imprimis, whether or not his patient is equal in force to the demands of an operation. He must consider the present condition of his patient, for the possession of a capable physique does not imply that the life force has not, like the tide, its ebb and flow.

"A child may have proper developments, yet at the very time when it is presented for operation it may labor under temporary depression, the result of functional disturbances, as for example, one just convalescent from cholera infantum, or from one of the exanthemata, who would certainly not be in as favorable a condition for any operation as one who has not thus suffered. True, it may have borne well the demands made upon it up to the present time, and came out of the ordeal looking strong, but then it is the last feather that bends the camel; the system that endured bravely the one demand, may not have a residue of force or limit that will just then meet another. Give such a system time; get it back to the condition in which the first demand found it, and you then have it certainly capable of the same resistance and of the same endurance. Again, a patient may not be up to the required tone, and yet circumstances render a speedy operation desirable. We may assist nature. Exercise, fresh air, and proper food, can do much. The last may imply that the milk of the mother of the child in nursing be exchanged for that of a hired nurse. Who has not examined the milk of a mother or wet-nurse, and found it greatly deficient in some important constituent? I have seen babes growing visibly weaker and more puny day by day; I have seen physicians baffled because they could find no one portion of the economy less healthy than another. I have seen the microscopist take the milk on which such a babe has been feeding, and, looking at it through his glasses, find it half made up of cholesterin. A change of milk has effected immediate change in the child. A child may have fibrinous blood to excess, tending to undue inflammatory action, or the lymph which such blood would exude might be so corpuscular in character that the wound would at once take on suppurative action. Either condition would be adverse to an operation; yet we have antiphlogistics for the one and tonics for the other.

"A seemingly strong child may be in a typhoid state, and a blushing cheek may be the effect of hectic or excitement; typhoid blood has, comparatively no fibrin. If you were to perform an operation upon such a patient, you would be sure to have a failure for your pains. I have had under my care patients in just such a typhoid state, where the pulse would be bounding and the face always flushed; such a quick pulse and flush is, however, the result of the deficiency of the blood. A child may be cutting its teeth, yet this did not necessarily contraindicate an operation; for it is not every child that has convulsions and kindred troubles with the cutting of its teeth; many a child goes through the whole process of dentition without cause upon which to ground a sob. If a child is brought to the surgeon, cutting teeth, with an operation for hare-lip to be performed, and there is associated with the dentition, no general, or special or local disturbance why should he not proceed, cæteris paribus, at once to operate? I can see, and I have up to this time met with no objections for so doing."

Having then decided that an operation is justifiable, the next step is to decide upon the operation itself.

A basis operation might best be represented by a simple V-cleft, having the mesian-line of the lip as its centre;—the indication being to return such lip to a normal contour.

In looking at the normal lip we find no break in its continuity, and we find at the centre a projection of more or less graceful curves. Above this, and bounded laterally by the alæ nasi, we notice a fossa—the fossa labialis, and from this fossa the lip

spreads itself, out on either side to be lost on the cheek.

In order to fulfil the required indications we must, therefore, do three things. Reunite the break in the continuity—create a mesial projection and give to the centre a fossa, and, for the accomplishment of our object we must carefully view our case from a surgico-artistic standpoint.

To simply remove the paring and cleft by uniting its surfaces would be easy of accomplishment, were it the sole indication, but were we to attempt this merely we should defeat our second and third indications. Since the fibre of the orbicularis associated with the margin of the lip would be put upon the stretch, while all the deeper portions would be comparatively relaxed, thus rendering our desired fossa a promontory, and our soft median swell a stretched mucous membrane.

Since the result of our purpose depends upon the manner in which we pare the edges, we will therefore use the ellipse, instead of a simple V cut, since it has been proven to fulfil all three of these indications, *i. e.* it, not only allows us to unite the edges, but since the centre of the ellipse is its greatest diameter, and this centre is the centre of the lip, it follows, that when we bring together this most widely separated part, it necessarily projects the most yielding surface, which surface is the free symphysis of the lip. Moreover, in the third place, the greatest stretch on the muscle will be in the site of the myrti-form fossa, with a necessary relaxation above and below, which will give a result such as we wish, *i. e.*, a fossa above and a projection at the free mesial line.

There is one precaution which should never be overlooked, since by its neglect the cutaneous portion of the wound may gap, and this is that the paring should invariably be V shaped, as reference is had to the base of the V looking toward the throat. Since this will allow for excess in the contraction of the skin over that of the mucous membrane.

Various methods of retaining the parts in position have been proposed, of which the one most commonly used is the hare-lip pin and figure of 8 suture, but this is objectionable, since we are liable to have four ugly scars remaining from the compression of the ligatures against the pins.

As a substitute for this dressing some surgeons use a ring of india-rubber stretched over the pins; the advantage claimed being that its elasticity accommodates itself to the inflammatory or serous distension of the part.

Others use simply silver-wire sutures, or interrupted sutures of silk from the under surface of the lip. The method which I prefer, however, is to take several extremely delicate silver-wires, the fewer the better, and pass them in such a manner that they will emerge at lines which shall very nearly correspond with the commissure of the lip. Next, take a strip of common sheet lead, and cutting it to an appropriate size, make in it as many little holes as you have wires on either side; then pass one end of the wires through these holes, and compress upon them a McLean button, *i, e.*, a simple shot. Then accurately approximate the wound, and fix the wires upon the opposite in the same manner as before. Should the point of wound between the pieces of lead tend to bulge forward, place upon it a compress, and secure by a bandage. The advantages of this dressing are that it is entirely unirritating, and may be retained for weeks, if necessary, while at the same time the wound is always easily examined, and lastly, and most important, perhaps, no scars from the wires will remain after their removal.

Where the patient has arrived at such age as to lend us his coöperation, we may use Dewar's compressor, which is an excellent dressing, since we have no pins or sutures to leave behind their unsightly scars.

Ligatures should always be avoided upon the coronary artery, if possible, since they interfere with prompt union, and compression of the facial will soon cause all hemorrhage to cease.

There is a feature associated with the formation of the linear cicatrix, and the notch which so commonly deforms hare-lip patients, that I do not remember to have ever seen alluded to, but which is of such consequence as to merit the closest scrutiny. Is it the fault of nature or of the surgeon, that the operation gives any cicatrix at all? Cicatricial tissue—tissue inodulaire, as Delpech more happily terms it—means accidental tissue—new tissues formed from granulations, and is certainly not found in the union by first intention of Hunter, or the immediate union of Paget.

So little inodular tissue would be formed in a true union by first intention, that it would leave in a few weeks no observable scar, as we so often see in slight cuts upon our bodies, with razor, etc.

I have removed tumors of the size of a hen's egg, and in a few weeks after been unable to detect the the line of the incision, and Mr. Paget who had the opportunity of dissecting a large wound made three weeks previously, says that it was impossible to distinguish the relation which these parts held to each other from that which naturally exists in subcutaneous fat and fat beneath it. "In short," he says, "there was union by first intention; it was immediate, at once in respect of the absence of any intermediate substance placed between the wounded surfaces, and in respect of the speed with which it was accomplished."

When a wound heals by granulation, there is necessarily an exudation and organization of lymph—thus giving us a cicatrix, or when in excess, a notch,

My explanation of this notch is not such as is usually given, but I consider it as due to the contraction of the fibrous tissue of which the cicatrix is composed, and therefore, when the amount of tissue is great, the notch will be larger.

Our great object, consequently, is to obtain as near an approach to union by first intention as possible; but this is best accomplished by a very careful approximation of parts, artery to artery, vein to vein, thus hoping to effect rapid inoculation and quick adhesion.

Adhesive strips may be used to assist in the support of the wound, or silk gauze and collodion, which are to be preferred, since the wound is thus exposed to inspection.

(Dr. G. then proceeded to perform the operation, using the precautions as above explained. Strips of lead, however, not being convenient, the ordinary hare-lip pin andsuture were used. W.)

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.
May, 1870.

By C. D. Palmer, M. D., Prof. Obstetrics, Medical. College of Ohio.

(Reported by J. W. Hadlock, M. D.)

Puerperal Convulsions--Two Cases--Commentary.

Case 1. Mrs. S., aet 20, primipara, large, strong, plethoric, was taken with convulsions at full term of utero-gestation, labor commencing during the evening of Februry 27th, 1870. There was slight œdematous condition of lower extremities. Had complained much of headache during the day and early evening, prior to labor.

Delivery took place naturally at 3 A. M., 28th, previons to which time, she had some six or seven well-marked puerperal convulsions.

Patient was first seen by Dr. Goode in the latter part of the second stage of labor, who had her bled to the extent of pint and a half, and ordered a solution of bromide of potassium.

The convulsions continuing after delivery with equal force and frequency, by request of Dr. Goode, I saw the patient at 2 P. M. She was then breathing heavily and irregularly, with full, slow, but regular pulse. There was marked venous congestion of face, pupils partially contracted, scarcely responding to light, and total unconsciousness.

Bleeding to the extent of pint was repeated, and a cathartic of calomel grs. x, and croton oil gt. ij, was with difficulty given. Cold effusions to head.

The number and severity of the convulsions diminished after this bleeding, and there was a partial return to consciousness by the evening, when the cathartic freely acted, and urine was voided. (No made of the latter.) The bromide was resumed. By evening, there were no further convulsions. Patient fully recovered. Child living.

Case II. At 5½ o'clock, Thursday, P. M., 24th inst., I was called in haste to see Mrs D——. On arriving at the house, I learned that she had just come out of a second convulsion. She was a woman less than twenty-five, of light hair, skin, very fleshy, and decidedly plethoric. On inquiry and examination, I ascertained that patient was about eight and a half months advanced in her first pregnancy. The lower extremities and the face were in a state of marked œdema, having been manifest since the first of the month. Within four days previous to the attack, she had suffered greatly from headache, gastric irritability. The bowels had been moved regularly and freely, daily, but the excretion of urine had been scant.

She had partaken of strawberries twice during the day, and vomited the same before the first convulsion. Between the first and second convulsion, consciousness was partially restored. Each convulsion lasted perhaps two minutes.

The pulse was found to be full, hard, regular, about 85. No uterine action was perceptible to the hand applied over the abdomen, but the os had dilated to the size of a silver half dollar, and was high within the pelvis. Chloroform was now sparingly administered.

Within 15 minutes, a third convulsion in length and severity as the first two, occurred, but less consciousness following, pupils responding to light feebly.

Patient bled one pint; chloroform more freely and continuously given; a cathartic of calomel grs. x., and croton oil, gtt. iij. given. Cold applications to head; sinapisms to lower extremities. Bladder evacuated with catheter, urine albuminous.

Between this time now (6 p. m.) and 11 P. M., there was a recurrence of two convulsions, with no consciousness between. Great heat of head; throbbing of carotids; turgescence and livid state of face; stertorous breathing. Each of these convulsions were preceeded by much tossing and restlessness of patient.

The cathartic had acted freely by 9 P. M. The chloroform was given freely and continuously, without producing complete anæsthesia, to maintain as far as possible, quietness of patient, to ward off any coming attack of convulsions, to mitigate them, should they occur.

The fourth convulsion was due to a discontinuance of the chloroform, while an additional quantity was sent for, that on hand having been exhausted.

After the fifth convulsion she was bled again a full pint, with most decided relief to the cerebral symptoms, the condition of breathing and state of pulse.

Dilatation of os was now in progress. It pro-

ceeded favorably; the second stage of labor was short, and delivery accomplished at 1 A. M. (25); child living.

But one convulsion occurred during the progress of labor, then followed a comatose state, for few hours; then on awakening to consciousness towards morning, a few words of conversation; another convulsion at 7 A. M., but shorter and lighter than any.

It was thought well at this time, to suspend the chloroform, and administer bromide of potassium. Thirty grains were given every three hours, and lemonade freely allowed, the cathartic being used, Oj. of urine was drawn off, which proved to be decidedly albuminous, being tested with both heat and nitric acid.

After the administration of the bromide, there was no recurrence of convulsions, and convalescence was rapid. On Saturday night (29th) the secretion of milk was established.

This case was seen twice by Prof. Wright, at 10½ P. M. (24th), and 10 A. M. (25th,) who concurred in plan of treatment pursued.

Dr. McMechan gave important service also in the administration of chloroform, and in delivery during my absence.

I present a history of these two cases in a hasty and incomplete manner, because of the peculiar interest of puerperal convulsions to every physician, and to express my convictions as to the special application and power of a few agents in the treatment of this disease.

1. Blood-letting is not a fashionable practice today, but fashionable or not, it seems to me its power is so great in the successful management of certain forms of puerperal convulsions, that he who neglects it loses a powerful weapon for good. Not by any means does every case require loss of blood. In many of our American women, pale, anæmic and delicate, it is inadmissible. We take it that a patient with this disease is to be bled, not because she has puerperal convulsions, but because there is some special indication as plethora, as violent vascular action, pointing to its necessity. Although the pregnant woman is hydræmic, she may in a certain sense be plethoric, that is, have an excess of blood—really a serious plethora. To alter the state of the blood, to diminish the mass which is passing through the distended blood vessels, these are the objects of its employment.

In both of these cases its influence was marked, and that soon; and it contributed more to the favorable result than any other agent used, chloroform not excepted. Here we had plethoric women of full habit to deal with, the convulsions being of the apoplectic kind, with great cerebral congestion and strong tendency to effusions.

In case 1, prior to the second bleeding, the character of the pulse, breathing, the unconscious state, the contracted pupil, with failure to respond to light, made us think effusion had already taken place. Such were opinions of Dr. Goode, and also Dr. Mascroft who saw the case once, and myself.

(2) *Chloroform*, unless there is a decided contra-indication to its use, should be given *continuously*, and freely enough to maintain a constant effect. In language of THOMAS, "The continued use of chloroform is not near so likely to kill as a return of convulsion."

In case 2, it acted best after venesection; in case 1, so great was the cerebral congestion and coma that it was thought inadvisable. SIMPSON says, chloroform produces in this disease a transient diabetus mellitus.

The internal use of *bromide of potassium* is indicated in all forms of disease. Experience proves it to be an efficient remedy, after the stomach and bowels have been evacuated. It is a remedy unlike some others; it can hardly do any harm. Its action is not simply upon the brain and nervous system, but is a diuretic.

(4) *Opium* was *contra-indicated* in both these cases, as I think it is, in the apoplectic form of the disease. It does good in certain cases after venesection, acting best in anemic, nervous women, with but little cerebral congestion.

"Let me warn you," says ELLIOTT, "to be careful in the use of opium when there is deficient action of kidneys, and when there is accumulation of used in blood. There are cases in which opium is treacherous, and in which many lives have been lost by the injudicious use of this remedy. Besides the ease with which it is administered by the hypodermic syringe, is a temptation towards the most dangerous way of prescribing it, because it at once passes beyond our control, and again, it might be immediately absorbed by some venous radicle; in any case there is a certainty that its absorption will be prompt, and then, if unfavorable symptoms follow, there is far less opportunity of overcoming them, than there would have been had it been administered by the stomach, when its evils may be largely prevented, by emesis."

WEST VIRGINIA MEDICAL SOCIETY.

The Medical Society of the State of West Virginia met at Parkersburg on the 1st inst.

At 2 o'clock P. M., Dr. E. A. HILDRETH, of Wheeling, 1st Vice President (in the absence of the President,) called the Society to order.

Dr. Hupp, of Wheeling, read a letter from Dr. J. S. Vanvoorhis, delegate from the State Medical Society of Pennsylvania, regretting his inability to be present, which was ordered to be spread upon the minutes.

Dr. Roemer, of Charleston, moved that this So-

ciety entertain no petition for membership from localities where a Society exists, except the application comes *through* the local Society. Referred to a committee to report to-morrow.

Dr. Safford read a very elaborate report upon the Climatology and Epidemics of Wood county, which on motion of Dr. Todd, was referred to the Committee on Publication.

Dr. W. H. Sharp read an able report on new remedies. The uses of the hydrate of chloral, referred to by him, called forth much discussion, during which Dr. Hupp, of Wheeling, read his experience in the use of chloral hydrate, especially in puerperal insanity. The report, together with Dr. Hupp's paper, was referred to the appropriate committee for publication in the next volume of Transactions.

Dr. Coles in the chair. Dr. Hildreth read a very exhaustive report on the climatology and epidemics of Ohio county, which after commendatory remarks from the members, on motion of Dr. Todd, was referred to the Committee on Publication.

Dr. Frissell, of Wheeling, read an elaborate paper on *stone* in the *bladder*, which gave the history of eight cases on which he had operated successfully in the vicinity of Wheeling, during the last 35 years. The youngest case operated upon was 2 years old, and the oldest, 70 years of age. The paper, after eliciting encomiums from many members, was referred for publication.

By request Dr. Todd gave his experience in suffering with a mulberry calculus which he passed while using water from the Parkersburg wells, and highly commended these waters as a remedial agent.

Dr. Allen reported an interesting case of stone in the bladder, in which he made a post mortem examination, and exhibited the calculus.

Dr. Roemer reported two cases of urinary calculus successfully treated by lithotomy.

Dr. Berkabile read Dr. Wiesel's report on medical and surgical appliances; then proceeded to report on the same subject as chairman, which papers were referred to the Publishing Committee.

A lengthy and very interesting paper by Dr. I. T. Nicklin, of Middlebourne, on "*Cephalic Version*," was read by Dr. Cummins. This process has been practiced by Dr. Nicklin for the last thirty years, and in its use he claims *priority* to all others in this country. The paper was referred to Publication Committee.

The election of officers resulted in the choice of the following gentlemen, viz:

President—Dr. Wm. J. Bland, of Weston.

First Vice President—Dr. Wm. Coles, of Parkersburg.

Second Vice President—Dr. Roemer, of Charleston.

Third Vice President—Dr. R. H. Cummins, of Wheeling.

Secretary—Dr. James M. Lazzell, of Fairmount.

Treasurer—Dr. John C. Hupp, Wheeling.

After a very pleasant and harmonious session, the Society adjourned to meet in Martinsburg on the first Wednesday of June, 1871.

INDIANA STATE MEDICAL SOCIETY.

This organization commenced its twentieth annual session in the lecture room of the Indiana Medical College, corner of Delaware and Court street, Indianapolis, at 9 o'clock, May 17.

Dr. George Sutton, of Aurora, elected President at the May session of last year, took the chair, and called the Society to order.

The following papers were reported ready for presentation when called for:

By Dr. Hobbs, on Surgical Operations in the Removal of Bones of the Skull.

By Dr. S. E. Wright, of Indianapolis, on Diseases of the Ear.

By Dr. Waterman, on the Relapse of Fevers.

By Dr. S. E. Houghton, of Richmond, on Dislocations of the Hip.

By Dr. H. V. Passage, of Pennsylvania, on Reduction of Dislocations of the Hip Joint.

By Dr. Kersey, (in pursuance of a direction by a vote of the Wayne County Medical Society), on the Condition of the Medical Staff in the United States Navy.

The Jay County Medical Society transmitted, through Secretary Woolen, resolutions of respect to the memory of Dr. J. S. Bobbs, of Indianapolis.

On motion, Dr. Weist read his written report referred to and described above. It embodies a resolution that a committee be appointed by this Society, to petition the State Legislature to enact a law providing for a State Board of Public Charities, similar to those now existing in Massachusetts, Ohio, Illinois, and other States, and to take such other steps as they may deem necessary to secure such legislation.

A paper on the Pathognomic Signs of Nephritis, was read by Dr. J. A. Comingore, of Indianapolis.

Dr. G. W. Mears, of the same city, submitted a well prepared essay on Puerperal Hemorrhage.

Dr. Clark, from the Committee on Nomination of Officers for the ensuing year, made the following report:

President—Dr. R. N. Tood, of Indianapolis.

Vice President—Dr. J. N. Rosenthal, of Fort Wayne.

Secretary—Dr. G. V. Woolen, of Indianapolis.

Assistant Secretary—Dr. W. J. Elstun, of Indianapolis.

Treasurer—Dr. James H. Woodburn, of Indianapolis.

Librarian—Dr. A. W. Davis, of Indianapolis.

The report was adopted.

A number of other valuable papers were presented by various members, and the Society then adjourned to meet the third Tuesday in June, 1871.

Editorial Department.

Periscope.

Chloral in Eclampsia.

In the Obstetrical Society of London, recently, the Baron Paul von Seydewitz, M. D., read a paper on the Chloral Treatment of Eclampsia. After a brief account of the therapeutical uses of chloral, and of the opinions entertained by various writers as to its properties, the author detailed two cases of eclampsia in which it had been used:

I. A woman, æt. 35, was admitted into the Bürger Hospital, at Bâle, in November, 1869, suffering from endocarditis subsequent to delivery. Some time afterwards, violent epileptic fits came on, and recurred very frequently. A variety of treatment was adopted without success. Eventually, chloral was administered. The fits were at once arrested, and did not recur, and the patient was discharged cured.

II. A boy, 12½ years of age, a patient in the same hospital (the details of whose case had been furnished by Dr. R. Massini of Bâle), was the subject of Bright's disease, complicated with mitral insufficiency and uræmia. Violent eclampsia came on, as many as twelve convulsive attacks occurring between 11 P. M. and 9 A. M., on the following morning. Chloroform inhalations were used without checking the convulsions. In the intervals between the attacks, he was perfectly unconscious and unable to swallow. Chloral was then injected hypodermically, with the effect of greatly diminishing the strength and frequency of the fits. After two more injections they entirely ceased; and the patient made a good recovery.

Insanity.

The case of McFarland, in New York, is likely to become a *cause célebre* in the annals of phychological as well as of criminal literature. The most detailed evidence was that of Dr. W. A. Hammond. According to the *New York Times*, he took extraordinary means to determine accurately the state of the prisoner's mind, and decribed the instruments which he used.

"He ascertained the presence of congestion of the brain by the ophthalmoscope; measured the strength of his nerves by the dynamograph; timed his pulse, which he found raging from 104 to 124; and, by speaking of Richardson and showing McFarland photographs of his wife, made the poor man almost frantic with grief; and then, grasping his hand, found his pulse to be 142. At this time, McFarland was almost uncontrollable, and exhibited all the symptoms of acute mania. On April 20th, an afternoon immediately after the adjournment of the court, he found the pulse 132. This accelerated pulse and the sleeplessness of the defendant were, he said, unmistakable indications of congestion of the brain. In defining the various forms of insanity, Dr. Hammond said that eccentric persons are more liable to mental aberration than others. He also stated the case of a man occupying a prominent position in the community, who was a victim of volitional insanity, and who would commit suicide were it not for the disgrace which it would bring upon his family; stating that to his knowledge there were a number of such cases in the community.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Arthur Leared's little work "On the Causes and Treatment of Imperfect Digestion" has sold in England over 5,000 copies. This is a large sale for a medical work.

Dr. O. Liebreich, the beneficent discoverer of the anæsthetic properties by hydrate of chloral, has just published a short biographical notice of the late Professor Werther, of Konigsburg, Prussia, and at that time of his death, one of the editors of *Erdmann's Journal.*

The New York *Nation* has the following remarks on a late article in a popular monthly: "Tobaccophagoi and Tobaccophagism" is by Dr. John C. Draper, and is like most similar essays in that it will please everybody who hates tobacco, and will amuse everybody who loves that herb. Of course it is made clear once again that no one but a desperado would use tobacco except as a medicine. As for gentlemen who have for any length of time been smoking, or snuffing, or chewing tobacco, they simply are alive in spite of themselves. Perhaps, however, they have cancer; or they suffer under a thickening of the Schneiderian membrane of the nose; or they have married late in life and become paralytic; or cannibal islanders have refused their flesh on account of its being saturated with nicotine. Physicians who are opposed to the use of tobacco, might do worse, one would say, than to deny themselves paper and ink for a while, and set themselves to discovering an antidote to the ill effects of the plant.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JULY 2, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER begins with the *first issue of July* 1870.

Those designing to subscribe from that date *should send in their names immediately* as a guide to the size of the edition.

☞ Although we made a liberal allowance for new Subscribers from the 1st of January last, our stock of some numbers was exhausted before April, and many were unable to obtain complete files from the commencement of the volumes. *Hence the necessity of an early notification from new subscribers.*

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

NEW ANNUAL OR SEMI-ANNUAL SUBSCRIPTIONS will date from July 1st, *but until that time the* REPORTER *will be sent* from date of reception of subscription.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

VOLUME XXIII—A RETROSPECT.

This is the first number of the *Twenty-third volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form. Nearly twelve years ago we made the experiment of issuing a weekly medical journal in Philadelphia, although warned by many previous failures, that it was a serious undertaking. A previous editorial experience, however, of eight years had made us acquainted with the medical profession and its wants—and we entered upon the work, confident that we would be sustained. *And we have not been mistaken.* Through all the vicissitudes of the past twelve years the profession has not faltered in sustaining our enterprise, although the great changes that have taken place in the country during those years, have made sad inroads in our mail-books. Death, removal, migration, abandonment of the profession, have taken many a name from our lists—only however to be replaced by new names; for the compensation has been even more than complete. A glance at our mail-books that were opened with great expectations ten years ago, on the eve of the gigantic struggle through which our country has passed, gives one a painful and realizing sense of what we have passed through during that time. "Gone to the war"—"Died on the battle-field"—"Entered army, and present location not known"—"Abandoned the profession"—"Gone west"—"Gone south"—are records that frequently meet the eye. It was a hard, a very hard struggle to keep the REPORTER alive in those days that tried men's souls—our readers can never realize how hard, unless placed in the same circumstances that we have been. But while others faltered, and failed to sustain a literature for the profession, the twenty-two volumes of the REPORTER that have spanned those chaotic years, show that we have endeavored to do our duty. Those who were cowards then can bravely put the harness on in these piping times of peace—as witness the new enterprises that are springing up on every hand.

Twenty years ago this month we essayed our first editorial paragraph, and began a career, which, for good or for evil, has continued thus far. For twenty years we have labored earnestly, and with some success—as THIRTY VOLUMES of medical literature, all, or a portion of which can be found in the libraries of hundreds and thousands of physicians in all

sections of the country, stand ready to attest—to advance the interests of the medical profession, and elevate the standard of medical knowledge. Far from accomplishing all that we desired, no one can deny that we have done something to promote the interests of medicine in this country. Through a most trying time of our country's history we have maintained a literature for the profession when the field was abandoned by many. These twenty years of our connection with the MEDICAL AND SURGICAL REPORTER have witnessed a sad mortality in enterprises of a like character. Indeed, we seem to stand in a graveyard with the tombs of departed medical journals on all sides of us? On another occasion we propose to collate all the advents and obituaries of medical journals that have been made in the REPORTER during our editorial career, since July, 1850. The record will be an instructive and interesting one—yes, and a frightful one!

In addition to maintaining a weekly medical literature, we have successfully established a HALF-YEARLY COMPENDIUM of medical literature, an undertaking which others had vainly sought to accomplish. To this we have added a third publication—the PHYSICIAN'S DAILY POCKET RECORD—thus giving the medical man, at a very moderate cost, a trio of publications which are all calculated to supply his every-day wants.

In these publications it has been our aim to supply the wants of the *greatest number* of the profession. Our course has been independent and American, and so it will continue to be. Wherever we can find anything that in our opinion will interest and instruct our readers, no matter in what locality, we shall make use of it. In this connection we will reiterate what we have often said on previous occasions, that *we particularly value practical communications from country physicians*, and believe that they are calculated to add much valuable material to the sum of our medical knowledge.

Twenty years ago the writer carried the REPORTER "mail" to the postoffice under his arm, the number of subscribers being about a hundred. Twelve years ago, in the first days of the WEEKLY, he carried it himself to the postoffice in a bundle, riding on an omnibus, or street car. Now, it requires two days' steady labor of two persons, accustomed to the work, after the wrappers are all written, to pack them for the porter to take to the postoffice in a furniture car. The REPORTER now goes to every State and Territory of the Union, and to many foreign countries. It never had a larger list of paying subscribers than now, and its growth was never before as steady, healthy and substantial as at present, and we know of no reason why we should not expect a continuance of this prosperity. Let our readers bear in mind that *our prosperity is their interest*, and so do all they can to increase our circulation and opportunities of advancing, in every way, the interests of medicine.

MEDICAL EDUCATION.

The convention of delegates from Medical Colleges, which met in Washington, in the latter part of April, have published their proceedings.

Of course nothing was done but to advocate excellent measures which nobody intends to carry into effect. We cannot but regret the unworthy position in which the schools of this city placed themselves.

The discussion, says the official report, "developed the fact that a majority of the representatives from Colleges in the West and Southwest had come with definite instructions in favor of advancement and final action, while the representatives from both the schools in Philadelphia, and several others, disclaimed having any instructions, and that, whatever might be done, would have to be submitted to the Faculties of the schools for ratification."

Certainly it is a disgraceful reflection on the most prominent schools in the United States that they are the most unwilling to co-operate in the elevation of professional education. It is of small account to boast of ancient renown, high-standing, strict etiquette, and rigid ethics, when *solid instruction* is disregarded.

The Convention adjourned *sine die*. And dying, sang the following swan's song, in the shape of sonorous resolutions:

Resolved, 1*st*. That a committee of nine be appointed, whose duty it shall be to communicate with the Faculties of all the regular Medical Colleges in the United States, with the view to ascertain how many, and which may be willing to become members of an *Association of Medical Colleges*, having for its prime object the improvement of medical education.

2*d*. That the Chairman of said Committee be instructed, as soon as he shall have received affirmative replies from ten (?) regular Colleges, to inform each Faculty so consenting, of the fact, and to request that each Faculty elect one or more delegates, to convene on the Friday before the day appointed for the meeting of the American Medical Association,

in 1871, and at the place of meeting chosen by that body—said delegates to be fully authorized to pledge their respective Faculties to whatever definite plan of improvement in medical education may be adopted by the body in Convention.

3d. That it is hereby recommended that said delegates organize themselves, in behalf of their respective institutions, into a permanent *Association of Medical Colleges* for the above mentioned object, and with the view of coöperating with the American Medical Association and the profession at large, in efforts to accomplish so desirable and end.

4th. That Prof. N. S. Davis, the Chairman of the Committee appointed by the Convention of 1867, to communicate with the Medical Colleges on the same subject, be made the Chairman of this Committee, and that the Committee be authorized to fill any vacancies which may occur in its ranks.

The committee appointed includes the following gentlemen: Prof. N. S. Davis, of Chicago, Chairman; Prof. Samuel Logan, of New Orleans; Prof. A. Hammer, of St. Louis; Prof. T. Parvin, of Louisville; Prof. S. D. Gross, of Philadelphia; Prof. A. C. Post, of New York; Prof. Geo. C. Shattuck, of Boston; Prof. Geo. C. Blackman, of Cincinnati; Prof. A. P. Talley, of Charleston.

We have some encouragement in view of the honorable names upon this list to hope that the victims of ignorance over knowledge, and stupidity over intelligence, although obvious at this time, is not going to be lasting.

Notes and Comments.

Nickel Plating.

We have been shown some handsome specimens of nickel plating, from the Star Nickel Plating Works of this city. As the plating is not altered by exposure to moisture, most acids, or acrid discharges, it is admirably adapted for plating surgical and obstetrical forceps, sounds, etc.

Correspondence.

DOMESTIC.

Pennsylvania State Medical Society.--Letter from Prof Meigs.

EDS. MED. AND SURG. REPORTER:

GENTLEMEN—Permit me to call your attention to the fact that in the issue of your journal for June 18th, you have published what purports to be the Address of Welcome which I had the honor to deliver before the Medical Society of the State of Pennsylvania, on the occasion of its recent meeting in this city. In reality you have published the first four and the last two paragraphs only of the address. The slightest examination of the fourth and fifth paragraphs, as they stand in your columns, is sufficient to show that they have no connection with each other. In the address, as originally written and read before the society, fifteen pages of manuscript intervene between them. In these pages I have briefly referred to the manner in which the public has, for so long a time, persisted in misunderstanding its relations to the medical profession. Having, on various occasions, attended the meetings of the State Society, and observing how much time was often spent in the discussion of purely ethical questions to the exclusion of subjects of scientific interest, I ventured to urge upon the members of the society the propriety of refusing to entertain the vexed question of the status of the Woman's Medical College and its graduates, believing that the discussion of this subject would not only prove a cause of discord, but would seriously abridge the scientific labors of the convention. This supposition was subsequently verified by the fact that the papers of Dr. Curwen and others, prepared at the expense of much time and research, were, for want of time, passed over without even being read.

After the reading of my address at the opening of the session of the Society, one of the reporters of *The Press* requested the manuscript for publication. This request was granted, with the distinct understanding that the address should be published in full, and the manuscript returned without mutilation. In both these particulars the agreement was broken—the first four pages and the last page and a half being published connectedly, to the entire exclusion of all the rest, and in such a manner as to lead to the inference that the paragraphs published constituted the whole of the address. By copying these paragraphs from *The Press* of June 9th, you have, though unwittingly, fallen into the error of presenting to your readers a very small part, for the whole of my address.

Permit me to call your attention to another error. In your account of the exhibition given at the Jefferson Medical College, you say that "the introductory and explanatory remarks were made by Prof. J. Aitken Meigs, the exhibition being under the management of Drs. J. Gibbons Hunt and W. W. Keen." The committee of reception, knowing that I possessed a superior gas-microscope, and had been employing it to illustrate my course of lectures on physiology in the Jefferson College, during the past winter, asked me to give an exhibition of its powers. This I consented to do, and requested my friends, Drs. Hunt and Keen, to aid me with their presence, and any specimens which they deemed suitable for the occasion. Dr. Keen was present, and exhibited and explained several very beautiful specimens, illustrating the intricate anatomy of the brain, spinal cord, kidney, intestine, &c. Dr. Hunt, however, being confined to his bed with an attack

of malarial fever, did not participate in the exhibition. This fact I announced at the time, and took the opportunity to award to him publicly, and to my friend, Mr. Oscar Knipe, the praise justly due them for their intelligent efforts to perfect the stereoptician for educational purposes.

By giving this communication a place in the next number of your Journal, you will oblige, very truly, your obedient servant,

JAS. AITKEN MEIGS, M. D.

Philadelphia, No. 423 S. Broad Street, June 20th, 1870.

[In cheerfully giving place to the above communication from Prof. MEIGS, we have simply to say that we requested the Permanent Secretary of the State Medical Society to prepare for us a full report of the proceedings, and published the report as he furnished it. The unfairness of the abstract which the Secretary had the misfortune to adopt,—not, of course from any unworthy motive,—is made very evident by Prof. MEIGS' letter, and we regret exceedingly that we have unwittingly aided in the dissemination of a paper which to our mind, one of the grossest outrages on a man's rights, that even the licentious press of our day has recently been guilty. Immediately on our attention being called to the error—as was done by Dr. MEIGS in a gentlemanly manner in person—we offered, as the best amends we could make for the injustice done him, to reproduce the paper entire from the disfigured manuscript returned to him from the *Press* office.—EDS. MED. AND SURG. REPORTER.]

A Little Experience with Chloral Hydrate.

EDS. MED. & SURG. REPORTER:

Under the above heading, I read a communication from Dr. H. A. SPENCER, page 404 of your excellent journal, of May 14, and as he desires it, I will hasten to give him, as well as others, the benefit of my experience of the remedy in question.

The subject of my first trial is a lady, who has been the unfortunate victim of the most agonizing paroxysms of neuralgia of the head and other parts of the body, as well as severe attacks of *sciatica*. I have tried successively the best known remedies for neuralgia, with only temporary relief, and have often been compelled to put the patient under the influence of chloroform during her attacks of hemicrania. I resolved to give the chloral hydrate a trial, and I am happy to state that I met with complete success. She was suffering with one of her accustomed attacks, when I administered grs.x chloral hydrate, and in an hour she was *free from pain*. This was at 10 o'clock, P. M. I left the patient quietly sleeping, and directed the attendant to give her grs. x, if the pain should return. At 1, A. M., feeling some pain, the second dose was given, after which she slept till morning. I called at 10, A. M., the next morning and found her suffering with intense neuralgic pain in the head. I administered grs.x, waited an hour, but no cessation of pain. I repeated the dose with no better success. I then gave sixteen grains, and in an hour the pain was gone and patient slept till evening. Called at 8 P. M., found the patient suffering with a return of pain. I then gave, at one time, grs. xx, which had the desired effect, and the patient slept till next morning, and has had no return of the paroxysms since.

CASE II.—Was a lady suffering from various nervous troubles, sleepless nights were frequent, and there seemed to be no longer any virtue in morphia I then determined to test the chloral hydrate; I administered grs. x. at 8 P. M., and left my patient immediately, feeling *perfect confidence* in the efficacy of this excellent remedy; the result was all that could be desired. My patient rested finely, and had a good night's sleep.

The next case was under the care of a professional brother; a middle aged man who had been suffering from neuralgia of the sciatic nerve for months. The doctor was giving his patient about 10 grs. of sulph. morphia, but it had ceased to control the pain, even when narcotism was produced. I sent the doctor some chloral hydrate, and advised him to give grains xv to xx. He gave him at night xv grs. and in half an hour he had the satisfaction of seeing his patient free from all pain, and in a quiet sleep, which lasted all night.

No nausea or any unpleasant effects were observed upon the administration of this, in *my opinion*, most valuable remedy. *My experience* appears in striking contrast to that of our friend Dr. SPENCER. *Why do doctors differ?*

Dalton, Ohio. J. M. PALMER, M. D.

The Progrss of Me dicine.

EDS. MED. AND SURG. REPORTER:

I feel very much like taking exceptions to a part of the article, (your own) on

"THE VALUE OF FIGURES"

(see REPORTER of June 4th, 1870, page 481), and take sides with Dr. Chas. Elam. I have not yet seen the Doctor's book, but if "he undertakes to prove, and asserts he does prove, that the practice of medicine of to-day is less efficient, performs fewer cures, and is less able to check disease, than it was thirty years ago," then with all due respect for your opinion—"But we don't believe it," I beg leave to differ with you. I do believe it; and in thus agreeing with Dr. Elam, I speak from observation, and an experience derived from a moderate practice of over thirty years. If (as you say) Cholera, Yellow Fever, and Relapsing Fever, (this last disease, perhaps another new name for an old disease), have

been stopped, then I answer, no special thanks to the Medical profession; but give all honor and praise to the philanthropist for the introduction of those sanitary measures, which progressive intelligence, advancing with the age, have brought into use, and worked out the great problem without the aid of a doctor's diploma.

New diseases and new remedies by the thousand, the invention of ambitious seekers of notoriety, and money-making schemes, have not, in my humble opinion, been of any benefit to the human race in the cure of disease; and with all their flummery, and much talk of advance in medical science, I would in all candor ask, whether cancer and consumption has yet found a cure? whether scarlet fever and kindred diseases, are now treated with more success, than twenty-five or thirty years ago? and whether dyspepsia, rheumatism, syphilis, insanity, etc., are not most woefully on the increase? Where then, I ask, has been the gain of medicine over disease within the past thirty years?

Pa., June 7, 1870. W. S. R., M. D.

News and Miscellany.

Cure for Obesity.

We find the following in the Editor's Scientific Record, in *Harpers Magazine for July.*

Mr. Schindler is the latest addition to the list of persons who have undertaken the treatment and cure of excessive fatness in the human race—this condition being considered by him as a disturbance of the animal economy, in consequence of which the carbon taken in is accumulated in the form of fat. Diet and exercise, as might be expected, constitute the basis of his treatment. As in the method of Mr. Banting, which some years ago was so much in vogue, the diet advised for fat persons consists of food containing a large percentage of nitrogen, to which some vegetables without starch, and cooked fruit, are to be added, for the purpose of moderating the excitation due to animal nourishment. This diet is to be varied, according as individuals are of a sanguine or lymphatic temperament. The use of certain wines is permitted; beer is, however, entirely forbidden. Coffee and tea are allowed with as little sugar as possible. Cheese, potatoes, rice, beans, peas, maise, maccaroni, tapioca, arrowroot, and soups are not allowed. The use of sulphate of soda is recommended, as moderating the transformation of nitrogenous materials and stimulating the oxidation of fat; and the use of mineral waters containing the sulphate of soda in solution, is considered of the greatest importance in this respect. The waters of Marienbad, which are especially rich in this salt, are stated to have, usually, the most happy effect. Their use, together with that of some alkaline pills, and a strict adherence to the conditions above mentioned, caused a decrease in weight of from twenty-five to sixty pounds in different individuals in the course of a few weeks.

The Effect of the Food of Cows in their Milk.

The Editor's Scientific Record, in *Harper's Magzine for July*, has the following:

It has lately been announced, as the result of careful and long-continued investigations, that the nature of the food given to cows does not produce the slightest effect upon the character or richness of their milk; the only difference being a greater or less percentage of water. The experiment was tried of feeding the same animals successively with hay alone; then, successively, with hay mixed with starch, oil, rape-seed, clover, etc., thus giving a greatly varying proportion of nitrogenized food, The milk was very carefully analyzed, after each change of food, without showing the slightest variation in its chemical constitution. The conclusion was, therefore, arrived at that the variation or improvement in the quality of the milk is to be accomplished rather by a careful regard to the breed than to the food supplied to the animal.

These remarks, of course, do not apply to the peculiar taste imparted to milk in consequence of the character of the food of the animal; since it is well known that the milk of cows which have fed upon garlic very soon furnishes evidences of that fact to the taste.

Singular Coincidences in a Double Marriage.

The following marriage notice appeared in *The Worcester* (Mass.) *Spy*, which certainly does not look much like the degeneration of American families, about which so much has been said: "In this city, May 26th, at the residence of the bride's father, Deacon Samuel Perry, by the Rev. E. Cutler, Harriet N., youngest daughter of a family of ten children—all of whom were present—to George L. Robbins, of this city. At the same time and place, and by the same, M. Jennie, youngest daughter, in a family of ten children, of Z. L. Robbins, of East Thompson, Conn.—all of whom were present—to Moses Perry, of this city.

New Test for Arsenic.

Bettendorf has found a test so delicate that one part of arsenic in 1,000,000 parts of solution may be detected, and the presence of antimony does not affect it. To apply this test the suspected liquid is mixed with hydrochloric acid until fumes are apparent. Chloride of tin is then added, and a basic precipitate containing the greater part of the arsenic as a metal mixed with the oxide of tin is thrown down.

——Dr. Lewis A. Sayre, of New York city, has recently sustained a law suit for malpractice. The plaintiff claimed $20,000 damages on account of his daughter, who had been operated on for hip disease. The case was submitted to referees, who declared the defendant entitled to judgment, which the court confirmed with an extra allowance of five per cent. on the amount claimed by plaintiff.

——The cable informs us of the death, on the 27th of June, of Professor James Syme, of Edinburgh, surgeon to her majesty in Scotland, at the age of seventy.

QUERIES AND REPLIES.

Kindly Words.

A correspondent, a prominent physician in a country district in this State, sends us the following kindly words:

"I have for the past eighteen months been a subscriber, and I think also a careful reader, of your journal, and as an able and faithful exponent of the present state of medical science, I do not hesitate to pronounce it superior to any other with which I am acquainted. Bold, fearless, and free in its opinions upon all subjects, yet fair and impartial in its conclusions, it possesses in a pre-eminent degree those qualities which have rendered it not only the most popular, but decidedly the best, medical journal published in America. To physicians, who like myself are practicing in the country, remote from large cities, and consequently deprived of hospital advantages and clinical instruction, it appears to be indispensable, especially if they wish to keep pace with the rapid progress made by the profession. I very seldom meet with a difficult or troublesome case, but that I am able to refer to one of a similar character, reported in the pages of your journal, and can thus bring to my aid the experience and recorded opinions of others.

"Of the COMPENDIUM I cannot speak from personal knowledge. If it equals the REPORTER in point of merit and ability you have accomplished an important and much needed work, and deserve, not only the thanks, but the undivided support of the entire profession of legitimate medicine."

Mother and Children.

"Iowa" claims the champion babies for a "light weight" mother. He says: "Was called, June 4th, to attend Mrs. M. O. in labor; found her suffering severe labor pains, which in fourteen hours effected the delivery of a pair of twins, a girl and a boy, each weighing seven pounds and fourteen ounces, making their combined weight fifteen pounds and twelve ounces—the mother in health, never weighing more than ninety-five pounds. Can you beat it East?"

EDS. REPORTER.—Please inform me what Pharmaceutical and Chemical journal you consider the best, where published, and the subscription price per year of same.

Louisiana. Yours, etc., P. F. H., M. D.

REPLY.—The *American Journal of Pharmacy* ($4.00), and the *Boston Journal of Chemistry* ($1.00), will suit you.

MARRIED.

BIGELOW—DURYEE—June 23d, at residence of the bride's parents, by Rev. Dr. Duryee, assisted by Rev. Dr. Eddy, James Bigelow, M. D., and Minnie E., daughter of Peter Duryee, all of Brooklyn.

DICKEY—MALLORY—At Hamilton, Ohio, June 8th, at the residence of the bride's father, by Rev. Thos. S. Bacon, Mr. Adam Dickey, of Middletown, Ohio, and Miss Josephine Mallory, daughter of Dr. H. Mallory, of Hamilton.

GREENLEAF—STONE—June 21, at Trinity Chapel, New York, by the Rev. C. E. Swope, Dr. Richard C. Greenleaf, of Boston, and Adeline Emma Stone, of New York.

GROVER—COOKE—June 9th, 1870, by the Rev. J. C. Irwin, at the residence of the bride's father, Greensburg, Indiana, Major M. Grover, and Miss Annie E. Cooke, daughter of Dr. S. Cooke.

HAVEN—MASON.—In this city, June 15, at St. Luke's Church, by the Rev. G. Emlen Hare, John Haven, of Fort Washington, New York, and Lydia, only daughter of Dr. John K. Mason.

LAWSON—MCFADDEN—June 2d, by the Rev. A. F. Morrison, Dr. L. S. Lawson, of Dallastown, York county, Pa., and Miss Maggie A. McFadden, of Chanceford, York county.

PHILLIPS—CHESSROWN.—June 14, 1870, at the residence of the bride's father, Mr. John Phillips, Carson street, Birmingham, Pa., by the Rev. J. H. Egar, Rector St. Peter's, Miss Sadie J. Phillips and A. V. Chessrown, M. D., both of Birmingham.

SEWARD—KIMBER.—June, at the residence of the bride's mother, Philadelphia, by the Rev. S. S. Seward, Dr. John L. Seward, of South Orange, N. J., and Lidie A. Kimber, of the former place.

WALLACE—WALKER—In Thomaston, Maine, June 8, by Rev. B. S. Arey, assisted by Rev. Mr. Mason, Capt. George E. Wallace, and Miss Marietta B. Walker, daughter of J. B. Walker, all of Thomaston.

WALTON—YOUNG—June 16th, at the residence of the bride's mother, No. 301 Penn street, Pittsburg, by the Rev. J. H. Young, Geo. E. Walton, M. D., of Cincinnati, and Marion, daughter of the late William Young, Esq.

DIED.

COLBERT.—At Oil City, Pa., May 30, Maria Agnes, infant daughter of Dr. R. and Emma M. Colbert, aged 7 months.

GRAY.—On Thursday, 16th inst., Dr. W. D. Gray, aged 28 years.

HUNT.—At Clarksville, Hunterdon Co., N. J., June 13th, Vincent, son of Dr. Thomas E. and Cynthia M. Hunt, aged 6 years, 4 months and 4 days.

JOHNSON.—On June 22d, at his residence in Germantown, William N. Johnson, M. D.

SMALL.—In this city, June 21st, Juliet, wife of Dr. Edward P. Small, and youngest daughter of David Smith.

WHEELOCK.—In New York, June 21st, Madge R., wife of Dr. George G. Wheelock, and daughter of the late Archibald Robertson, Esq., of Philadelphia.

METEOROLOGY.

JUNE.	6,	7,	8,	9,	10,	11,	12.
Wind.....	E.	N. E.	S. E.	S. E.	N. E.	N. E.	S.
Weather.	Cl'dy Sho'r	Cl'dy Sho'r	Cl'dy	Cl'dy Sho'r	Cl'dy Rain.	Cl'dy Rain.	Clear
Depth Rain		1-10			1 7-10	3-10	
Thermom....							
Minimum..	63°	62°	64°	65°	60°	58°	54°
At 8, A. M.	68	67	71	71	62	68	65
At 12, M...	74	74	80	80	66	72	77
At 3, P. M.	75	75	82	80	67	78	80
Mean.....	70.	69.50	74.25	74.	63.75	69.	69.
Barometer..							
At 12, M...	30.1	30.1	30.1	30.1	30.	30.	30.2

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 697.] PHILADELPHIA, JULY 9, 1870. [Vol. XXIII.—No 2.

Original Department.

Communications.

DRY BURNS AND HOW TO TREAT THEM.

By A. D. Binkerd, M. D.,

Of Parker's Landing, Pa.

In these oil regions, where thousands of barrels of hydrocarbons, and perhaps tens of thousands of cubic feet of highly inflammable gas are forced from the bowels of the earth every day, terrific explosions and frightful conflagrations, often inflicting severe burns, alike upon visitors and operatives, are phenomena of frequent occurrence.

Nowhere has the physician a better opportunity to study the therapeutic value of the remedies applied to these painful and often dangerous wounds, and nowhere can he better demonstrate to suffering humanity the practical value of the healing art, when judiciously applied.

When called to a patient who has been either slightly or severely burned, the indications manifestly are, first, to relieve the sufferer's agonizing tortures, which are often so severe that he will pay no attention to any remark addressed to him, but continue to walk rapidly back and forth, uttering lamentations, blowing his hands, or flinging them frantically through the air; second, to assist nature in rallying the patient from the severe nervous shock he has just sustained; and third, to put and keep him in the best hygienic condition to favor the healing of the wounds.

Luckily, there is a long list of useful remedies, some of which are always at hand, such as flour, meal, dry starch, fats, oils, eggs beaten up, glycerine, raw cotton, or any oleaginous or other substance, unsalted butter or cream, anything not acrid that will make an impervious coating sufficient to protect the tender nerves of the excoriated and congested surface from the air.

We unhesitatingly give the preference to carbolic acid and glycerine, in the proportion of from five to ten drops of the former thoroughly incorporated with two ounces of the latter, spread on with a camel's hair, or other light brush, then a layer of raw cotton, over which a roller bandage is neatly adjusted to the parts, and the dressing is finished.

The exhibition of from a fourth to half a grain of the sulphate of morphia, as early as practicable, has, in our hands, been productive of decidedly beneficial results.

On the night of April 1st, Mr. W., an engineer, went to the jet of the pipe that conducted the gas from the well to the fire pan, with the intention to light it; as he turned the valve there occurred a tremendous explosion, prostrating him to the floor, enveloped in a sheet of flame. Though it was all over in an instant, yet so great was the force of the explosion that Mr. W. sustained a frightful burn. The patient ran straight for my office. So great was the suffering that he would neither sit nor stand still, but continued to walk about the floor, blowing and slinging his hands, and I was obliged to apply my dressing as best I could. I used the carbolic acid and glycerine, a layer of raw cotton and a roller bandage. Soon he became quiet, sat down and said he felt easier. By the time I had finished the dressing the pain had ceased, and he left my office with the remark that he felt fifteen dollars better. A similar result has followed the use of the above remedy so often, that I am satisfied with its efficacy in superficial dry burns. I have less experience with its use in scalds, but do not hesitate in using it, whether the wound be deep or superficial.

On Monday morning, April 18th, 1870, the workmen on the late flowing Armstrong well, near Queenstown, in this county, reached a crevice in what is known as the third sand rock, at the depth of 1,263 feet, from which issued a stream of oil that rushed with great violence, far up into the air. While they stood gazing upon this welcome yet unexpected phenomenon, the gas accumulated around them, spreading further and further, till it reached the unobserved, smouldering fire of the forge—then there was a flash—the earth trembled—the roof of the derrick and the engine-house had bodily disappeared—"vanished into thin air," and instead, there stood a magnificent column of fire and smoke, the latter rising thousands of feet into the still air. Those curling, leaping billows of fire were grand beyond description. We never witnessed a wilder, grander sight.

The contractor, M. E. Swan, Byron Swan, John L. Walby and Master Clarke (the latter a visitor), were in the building at the time of the explosion. They were all hurled to the earth with great violence, and how they escaped instant death borders on the miraculous. They were all severely burned, however. Their faces, necks, hands, and arms—wherever the skin was not protected by natural or artificial covering—it was either crisped, torn to shreds, or carried away by the force of the explosion. All this occurred as quickly as if done by a flash of lightning.

Surgical aid was summoned as speedily as possible. The parts were thickly coated over with white lead. This coat, together with the skin, soon sloughed off, except where the burn was less severe or the skin already gone. A mixture of lime water and oil was then applied, but the pain occasioned by this dressing was too severe to be endured, and on removing it the blood ran down and dropped from the elbows.

On the seventh day from the accident, two of these patients fell into my hands for treatment. I found them tumefied almost beyond recognition, feverish, pulse accelerated, and tongue thickly coated. They were full of agonies in mind and body, and had scarcely slept a wink for several nights, so great was their suffering.

I at once removed the bandages, and found a raw, highly congested and suppurating surface, that a sheet of foolscap paper would hardly more than cover. With a soft brush and a basin of tepid water, I cleansed the parts by washing away a large quantity of lymph rapidly undergoing decomposition, and emitting an offensive smell. This done, I dusted half a grain of the sulphate of morphia over the raw surface, and cut into sections, to fit closely, bits of patent lint, nicely spread with an ointment according to the following:

℞. Yellow wax melted and strained. f.℥j.
Linseed oil—raw, f.℥iij.
Tannin, ℥j.
Subnitrate of bismuth, ℈j.

Mix as follows: Heat the wax in a clean tin vessel, add the oil and stir till they are thoroughly incorporated, then set off of the fire and continue to stir till cold, adding first the tannin, and lastly the bismuth.

This makes an admirable dressing, at once free from all offensive odors, does not become rancid, is not sticky, does not dry nor adhere to the parts. The patient experienced great relief the minute it was applied, and slept soundly in less than ten minutes after the application. This dressing was repeated night and morning, after cleansing the parts thoroughly, as before. On removing the bandage on the second day, the matter ran in a stream from the elbows.

On the third day the character of the wound was entirely changed. The lymph was thicker, less abundant, and spread evenly over the surface. The odor was less offensive, and healthy granulations were springing up around the margins and even in the middle of the sores.

In due time a saline cathartic was administered, the patients put in the best attainable hygienic condition, the parts being kept scrupulously clean, and as might be expected, a speedy and complete recovery was the result. Both patients were treated substantially alike, with very similar results, though the older, Swan, had his sleeves rolled up at the time of the accident, which secured for him a little the greater extent of excoriated surface.

On the ninth day of the above treatment I dismissed both patients with no further marks than a slight discoloration of the skin, showing the extent of the burn.

I prefer the patent lint; it should be cut in sections to fit the parts. Applied warm, the above mixture produces an agreeable sensation. Morphia was used only two or three times on the raw surface. Tannin was sprinkled on the sores at each dressing when it was thought best to do so.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Of Philadelphia.

(*Continued from page* 6.)

Illumination.

Indispensable for the successful pursuit of rhinoscopy, is a good strong light; indeed, it is more necessary in this than in any other form of instrumental exploration, unless, perhaps, we may except endoscopy. In both cases the area of illuminated space is comparatively (in consequence of the limited mirror surface available) very small, and therefore it is essential to make up in intensity what is lost in quantity, by having recourse to artificial means of illumination. Sun light, when bright and clear, is in all cases preferable to the light from any other source when we are compelled to employ optical instruments to assist our vision. It is the light under which our habitual experience has taught us to recognize certain physical properties of objects, as color, &c., with such unvarying constancy, that they are established as the standard, or type, of what we regard as normal or natural; and any appearance different from this standard, on the other hand, being considered as a deviation from the natural state; hence it is, that we may be deceived if the circumstances under which we have been accustomed to view objects be altered, that is, if instead of sunlight, for instance, the yellowish reflex of an oil lamp is the source of light, very considerable deviation in appearance, from what is habitually observed as natural may be presented, the changes not being real, but only apparent. For this reason, therefore, we say that sunlight is always to be preferred, when we can command it in proper quantity and direction, but the exigencies of medical practice, are such that the inconveniences attending its employment, will in great measure compel us to employ a substitute, always accessible in the form of some sort of a lamp. Besides, with some amount of experience, errors originating in differences of appearances, from the different colored light may be practically overcome, inasmuch as the eye may be taught to recognize what is, and what is not, natural under the altered conditions of observation. Indeed, we are not necessarily compelled to have recourse to this sort of mental training, for glass chimneys of every tint, may be readily obtained, so that we are quite independent, as far as this is concerned, and can command whatever color we choose under which to view an object. I have experimented with these colored glass chimneys, but have found them to possess no advantages for rhinoscopic examination.

We can employ sun light if our offices and consulting rooms be favorably situated, so that the rays may stream in at the window, though the time this can be done is limited to that part of the day when the sun has but moderate altitude, and the light comes in horizontally, or nearly so. It has been suggested that in order to render ourselves independent of the altitude of the sun, a mirror be fastened to the outside of the window frame, which would throw a beam of light into the room, that might be received upon another mirror, and thus transfered into the throat in any desired direction, the second reflection at the same time conferring a more desirable degree of softness upon the light.

Of course the ordinary diffused light of a room would be manifestly insufficient for our purpose with any form of optical instrument; and we are, therefore, compelled to pursue the course already indicated, or employ some form of lamps, of which many sorts have, from time to time, been brought to the notice of the profession. We shall not consider here the advantages or disadvantages of these, but will defer the matter until we come to speak of laryngoscopy; but once for all we shall venture the general remark that we have found nothing answer our purpose better than the ordinary gasalier arranged with an Argand burner.

We have frequently employed the cheap, portable, and efficient light condenser devised by Dr. Oliver. It may be used in connexion with most any sort of lamp, in the same manner as the light concentrator of Dr. Morell Mackenzie. With its aid we can either use direct light, or receive the light upon a reflector, and throw it upon the throat mirror; there is also a little mirror attached to this apparatus, which will enable the observer to practice auto-rhinoscopy. The entire apparatus is shown in the adjoining cut (Fig. 5) fixed upon an ordinary oil lamp, but it may be used in connexion with any other form, in the following manner: The cord upon which the hooks are hung, is tied around any portion of the lamp or gas stand, below the part upon which the Lantern is to rest, and the hooks

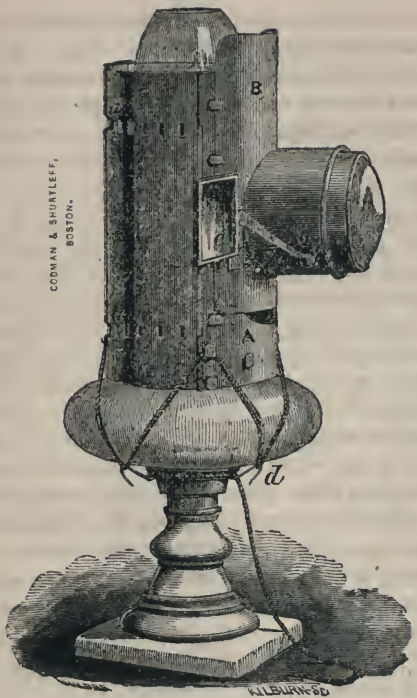


FIG. 5.—OLIVER'S LIGHT CONCENTRATOR.

are placed at equal distances from one another. The wings are then locked together at the desired point, and fixed there, by passing the second cord back and forth a few times between the "belaying pin" on the wing and the one on the left side of the front main piece. The diameter given to the lantern must, of course, vary with the shape of the body of the lamp or stand to be used, and the size of the chimney. After thus locking the lantern, it is placed in position upon the lamp, and made firm there, by carrying the cord used in making the wings fast, from "belaying pin" and hook, and *vice versa*, round and round the lantern until sufficient stability is secured. The slide to which the lens-tube is attached is then to be raised or lowered, if necessary, until the lens is on a level with the flame. Next, the lens is to be placed at the focal distance from the flame, namely: three inches, by estimation, measuring from the flame to the centre of the convex or outer surface of the lens.

The flames best suited for use with all light concentrators are those which are protected with glass chimneys, such as the kerosene lamps and argand gas burners. Occasionally a lamp or fixture will be found, such as the German study-lamp and some of the fish-tail gas burners, which has no adequate support for the lantern; in such cases it is an easy matter to extemporize a support by means of a piece of pasteboard, from the central portion of which a hole should be cut just large enough to enable the board to bring up at some projecting portion of the lamp below the flame. In this way the lantern can easily be attached to an ordinary candlestick.

The reflector employed in concentrating the light upon the pharyngeal mirror may be connected with the head of the observer, be attached to the table, borne upon an upright, or connected by an arm to any of the lamps; Tobold's or Lewin's are commonly employed, in laryngoscopic examinations. In office practice, the fixed form of the reflector is always employed by the author, and he believes it is now generally adopted in this country. The other plan has, however, certain advantages, and should not be neglected.

In all rhinoscopic and laryngoscopic explorations we cannot too highly prize the conveniences in all cases, and the indispensableness in some, of having the hands unembarrassed with the illuminating apparatus; and this has been one of the greatest improvements in the construction of such appliances. Czermak's mirror was so arranged that it might either be held in the hand by the metallic stem attached to it or in the mouth, the end of the stem being mounted with a piece of wood for that purpose, which can be held between the molar teeth of either side. The mirror was flat or concave, circular, with a diameter of three to four inches, and a focal distance of eight to twelve inches. This arrangement, it is true, enabled the observer to keep the light steadily illuminating the throat by following any motions of the patient's head, at the same time it liberates his hands for the use of instruments; but it must be confessed that it is by no means the most convenient one, to say nothing of the unpleasantness of having to keep the masseter muscles in sustained action to retain the wooden peg between the teeth, nor the disadvantage of not being able to communicate with the patient by speech, which may in certain cases become requisite. Czermak had also suggested the attachment of the mirror to a band passing around the forehead (Kramer's frontal bandage), which, in the author's opinion, was a much more convenient and efficient arrangement than the one he subsequently adopted, of sustaining the mirror in the mouth.

The annexed cut (Fig. 6) shows an improved plan of frontal band and mirror attachment.

Fig 6—FRONTAL BAND.

It consists of the usual concave reflector, three inches in diameter and twelve inches focus, connected by means of a ball and socket, as suggested by Mason, with a broad metallic slip, five or six inches in length, curved and well padded to fit the forehead. The extremities of the metallic strip have connected with them an elastic band for the purpose of supporting the mirror upon the forehead. The reflector is thus movably connected with the observer's head, and obeying every movement of it, can be easily deviated so as to steadily illuminate the throat. According to the plan advised and practiced by Semeleder, the mirror is connected with the frame of a pair of spectacles, in such a manner as to support it steadily before the eye. This arrangement is shown in Fig. 7. The spectacle-frame has on the bow a small brass plate, upon which a second may be screwed. Both together form the shell of a small steel nut, which is fastened by a short stem to the back of a glass mirror, three inches in diameter, and twelve inches focus, not far from its edge. At the middle point of the mirror the coating is removed from a space about as large as a small lens, and through this spot the observation is made. Moreover, the spectacle is so arranged that lenses adapted to myopic or presbyopic observers may be easily inserted in the setting. This mirror, by means of the described ball and socket joint, is within certain limits, movable in three directions, and can be turned as to be used by either eye. The observer must look through the opening in the mirror, hence with that eye before which the mirror is placed, for thus he looks exactly in the direction of the axis of the eyes; that is to say, under the most favorable circumstances, for precisely those parts which the mirror reveals will be most strongly illuminated. The author, from personal experience of the comfort and utility of Semeleder's arrangement, can recommend it, as in his opinion the best, next to the method in which the mirror is fixed in connection with the lamp. The inventor judiciously remarks in regard to it, that the successful use of his reflector requires some practice, as the movement between the mirror and spectacle frame is limited in a horizontal direction, from the nature of the mechanical construction, especially when the stem connecting them is short it will be generally necessary to stand the light upon the left of the observer, when he is to look with his right eye,

FIG. 7.—SEMELEDER'S MIRROR.

and *vice versa*. He also found it serviceable to place the light higher than the eye of the observer, and the mouth of the individual to be examined, partly because the uncovered eye will not then be blinded with the direct rays from the lamp, and partly because in rhinoscopy one has often to use both hands before the mouth of the patient, and with a lower position of the lamps it would easily happen that one hand might come between the lamp and the illuminating mirror, and thus cut off the light from the latter. We have tried in the Fig. 7 to give all these details of arrangement.

Bruns has proposed to fix the reflector in front of the nose and mouth, and indeed in any of the above positions the observer can make good observations, although not with equal ease, comfort, and certainty. Theoretically that position is best in which the eye is in the line running through the center of the cone of light from its apex to the base, as it is in Czermak's and Semeleder's arrangements.

The foregoing instruments will furnish the physician with a simple, cheap, and efficient means for rhinoscopic exploration, and, in the majority of cases, all he will require. Special contrivances have been invented for the same purposes, and may be found described and figured in the more elaborate treatises on this subject—of these may be simply mentioned the rhinoscope of Czermak, Voltolini, and Störk; they are rather objects of curious interest than of any practical value. If the physician hope to make any progress in the rhinoscopic art, it will not be dependent so much upon the sort of instruments he may furnish himself with, as upon his perseverance and industry in seeking every opportunity to examine others, so as to become perfectly familiar both with the normal and the pathological appearances of the posterior nares and pharynx. His progress will also be much facilitated by studying his own nares auto rhinoscopy, which can be done readily by sitting opposite a strong light, then with the pharyngeal mirror held in the throat by his right hand, and a common hand-glass in his left to receive the image reflected exteriorly, he may proceed with his observations at leisure. Of course, we are supposing that his velum hangs well forward when the mouth is opened, and is not irritable, and he has sufficient control over the base of his tongue to hold it low down in the pharynx. If these conditions do not exist, he will have to support the hand-glass upon the table before him, and then, with the hand liberated, employ the spatula to keep the tongue depressed; after some practice, the velum may be brought under sufficient control as not to give any trouble. Some of the larger instruments have a mirror connected with them for auto-laryngoscopy, and it will answer perfectly for auto-rhinoscopy also.

Proceeding in this way, we can gain a rapid familiarity with the subject, and very soon will be enabled not only to get a good view of the posterior rhinal cavity, but may also, with confidence and certainty, address our instruments to diseased structures under the guidance of the eye.

We may sometimes be compelled to give our patients some little instruction, that they may themselves assist us in certain cases, when we require to be freed from the charge of the tongue depressor to employ that hand with some other instrument—the knife or forceps, as the case may require. If the patient be unable to manipulate the depressor, then some expedient must be had recourse to, with a view of meeting the difficulty. It has been suggested to combine the two instruments, mirror and spatula, in one instrument, as has been done by Morell Mackenzie, who adopted a spatula with a grooved blade, in which the stem of the pharyngeal mirror moved, so that it can be shoved a shorter or longer distance into the pharynx, according to the distance of the posterior wall of the pharynx from the mouth. He observes that where the palate hook can be tolerated, this combination of tongue depressor and mirror will be found useful. Dr. Voltolini, of Breslau, also employs, in certain cases, a spatula and mirror combined, or slides upon the stem of the ordinary mirror plates of vulcanized rubber of various sizes, which may serve the purpose of a depressor. By some of these expedients, the surgeon will be able to reserve his right hand for operating with the knife or caustic.

To facilitate still more operative manipulations, Dr. Wagner recommends a wire, bent into the shape of a hook, to catch upon the palate, the two extremities of which, projecting from the mouth, may be bent above the upper lip and fastened to the nose. Others have employed a palate hook connected by a thread to a frontal strap, or the noose of Türck, already described. We should not forget, also, to mention, by way of suggestion

the plan of Czermak, to sustain the velum drawn forward by means of a spring passed through the anterior nares. The author has been making some experiments in this direction, and he believes that ultimately the purpose may be successfully accomplished. By properly constructed nasal specula, the anterior nares may be thoroughly dilated, and a better chance thereby given, both for the consummation of the hopes of Czermak, and for the better illumination of the pharynx by light thrown through the nostrils. In fact, an attempt has been made in this direction; a mirror having been placed preliminarily in the pharynx, in which the image of the turbinate bones and meatuses are formed, and may be seen from the anterior nasal openings, but as yet no important result has followed from the experiments performed up to the present time. Wagner also endeavored to get a view of the floor of the nares by employing double mirrors, placed in the pharyngeal cavity, and the throat illuminated in the usual manner; that is, the light falling upon the first, or lower mirror, is transferred to the second, and by this latter reflected upon the nasal floor, an image of which is formed first in the upper mirror, then in the lower one, from which it finally reaches the eye of the observer. The light, however, employed in this way, is too feeble, with the small mirrors used, to give a satisfactory result, even if the upper mirror is illuminated through the nostrils, which gives a better image; but it is still too dim to give any definite impression of the condition of the parts observed.

Before closing what we have to say on the instruments required in rhinoscopy, it will be proper to call attention to the fact that there is an anterior as well as a posterior rhinoscopy, which in certain cases may be had recourse to with great advantage. Dr. Markusovszki invented a speculum for this purpose, resembling, in its mode of construction, an ear speculum with two compartments; but its size is much greater, and the divisions are larger and flatter. With this instrument, and a concave mirror to illuminate the nasal apertures, Czermak has been able to inspect the inferior turbinate bone and its free border, which passes to the extent of seven-twentieths of an inch above the floor of the nasal fossæ. In one case wherein the nasal cavity was very capacious, he saw up to the posterior part of the pharyngo-nasal cavity, and upon a cadaver he employed a small mirror, its reflecting surface being turned above and in front, and arranged in the space situated under the inferior turbinate bone, in such a manner as allowed of a clear view of the nasal orifice of the lachrymal canal, which was marked by a hog's bristle, that had been previously introduced.

This sort of exploration has hitherto been neglected as the specula employed have been ill constructed to obtain the desired results. Voltolini employs short polished tubes, ear specula, introduced into the nostrils, and a concave reflector. He has thus succeeded in getting a glimpse of the posterior wall of the pharynx, and the swellings at the mouth of the Eustachian tubes.

I have employed several sorts of specula, but none seem to me to deserve the same commendation as the one devised by Dr. Thudichum, illustrated in the cut, Figs. 8 and 9. He describes it as consisting of two valves

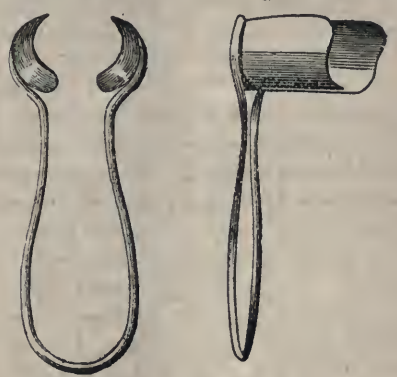


Fig. 8. Fig. 9.

THUDICHUM'S SPECULUM—FRONT AND PROFILE VIEWS.

held together by a spring, and when compressed, form a canal of oval bore, about three-fourths of an inch in length. The valve which expands the ala is from one-quarter of an inch to three-fifths longer than the valve which is placed against the septum. This latter inner valve should never be long enough to reach the sensitive part of the mucous membrane of the septum. It follows from this that each nostril requires its own speculum. As the nostrils of different persons vary greatly in size, different sizes of pairs of specula must be at hand in practice. The speculum is inserted into the nostril while closely compressed; the moment the spring is liberated, the nostril is fully expanded, and if the operator now draws the spring (which serves also as a handle) up-

ward, the cavity of the nose can be fully inspected. The speculum, therefore, is designed exclusively to expand the atrium or membrocartilaginous part of the nostril; if it were allowed to enter beyond this, and to reach the isthmus formed by the unyielding cartilaginous septum and the nasal margin of the ascending branch of the upper maxillary bone, it would cause pain, and narrows, by its own thickness, this small passage. The new specula cause no pain, widen the atria to the utmost extent, and admit of the introduction through them, into any part of the nose, of instruments for slight, delicate, or severe operations.

IV. MODE OF EXAMINING THE NASO-PHARYNGEAL CAVITY.

We have now, we believe, pointed out sufficiently fully the instruments required in rhinoscopy. The next step will be, therefore, the consideration of how to use them. It must not be thought that posterior rhinal explorations can be effected in every subject, or, that in those upon it can, it may be done with equal facility. There are some persons in whom the space behind the velum is so small that the procedure becomes impossible; the same remark may also be made regarding those possessing a long velum which projects posteriorly over the root of the tongue, and also in those rare cases of palato-paryngeal adhesions. Great and persistent irritability of the throat is a further obstacle which the rhinoscopist has to encounter. I have now a case before me of a lady of nervous temperament, in whom the velum extends well down posteriorly, and when directed to open the mouth widely, the base of the tongue rises and meets it, shutting out of sight completely the posterior pharyngeal wall. The tongue offers great resistance to the spatula, and the moment it is depressed to gain a glympse of the pharynx, the velum immediately contracts strongly, is drawn upwards and backwards against the pharyngeal wall, cutting off all communication between the buccal cavity and posterior nares. No effort on the part of the patient (and she exerts herself with commendable zeal), has as yet enabled her to control, in the slightest degree, the movements of the tongue and palate. Local anesthesia was tried, as recommended by Auzias-Turenne, the solution of bromide of potassium being repeatedly applied to the palate without avail. I did succeed, however, in some measure, in controlling this irritability by the application of chloroform spray, but my exploration still remained unsatisfactory, even under this application.

[*To be continued.*]

MINNEQUA SPRINGS, BRADFORD COUNTY, PA.

There are many cases, especially of chronic diseases, which are frequently the result of functional disorders of the stomach, in which a sojourn in the usually wild and hilly sections of the country in which our mineral springs are generally found, will prove very beneficial. The good effects resulting, may be partly attributable to a change from the use of soft to that of hard water—but often to positive mineral qualities possessed by these springs.

There are springs in our country, some of them in our own State, which have attained a wide celebrity, and whose locations and constituents are well known. The one that points this article, though long having a local celebrity, dating back, indeed, to the time when the roaming Indian alone was acquainted with its "Healing Waters"—hence, it is said the name *Minnequa*—has, of late, been attracting a wider attention, and is gaining a reputation which is fast becoming national. The following description of the spring is, we believe, chiefly from the pen of Dr. SAMUEL POLLOCK, of Williamsport, in this State, and is worthy the attention of the physician who frequently has occasion to recommend his patients to resort to the use of mineral waters.

It is situated two miles north of the thriving village of Canton—forty-one miles north of Williamsport, and thirty-seven miles south of Elmira, directly on the line of the Northern Central Railroad, which passes from Baltimore through Harrisburg to Elmira, N. Y. Its elevation is 1,445 feet above the sea-level. The hills around it rise in the form of an amphitheatre from the Towanda Valley, the sloping sides of which, covered with fruitful fields and green pastures, present a rich and agreeable landscape.

An analysis of one gallon of this water, by Dr. Gregg, of Elmira, gave the following result:

Chloride of sodium, or common salt,	1,0305
Chloride of potassium,	trace
Carbonate of soda,	1,0913
Carbonate of lime,	7274
Carbonate of magnesia,	1,2729

Oxide of iron and alumina,	3,6976
Sulphate lime,	4949
Sulphur,	1,3386
Organic matter,	7484
Carbonic acid,	1,6973

Here we have in one wine gallon of this water, 12,0890 grains of saline matter, and as it discharges 360 gallons per hour, which contains one-fourth volume of sulphuretted hydrogen gas, it stand pre-eminent as a sulphurous spring.

The carbonic acid gas in this water imparts to it its bright, sparkling effervescing properties, giving it the appearance of a boiling fountain, and its presence is detected by dipping into it litmus paper, which it immediately reddens, though it recovers its original blue color by exposure to the air.

The sulphuretted hydrogen is detected by its strong sulphurous odor, and by its causing black precipitates with solutions of the salts of lead, silver, copper and bismuth. It is needless here to enumerate the methods of detecting the other ingredients of mineral springs, as they can be found in any of the elementary works on chemistry.

The water is cold and clear, and rising to the surface through a pipe from the depth of 28 feet, is received into a wooden reservoir about 2 feet square and two feet deep. The spring is covered, and around it are arranged convenient seats, while a board walk extends from the hotel to the margin of the spring.

Of the different mineral springs whose analyses I have examined, I find that the Minnequa resembles most in its chemical composition the Vichy spring, situated on the right bank of the Allier in the centre of France.

The water of this spring, like that of Vichy, deposits a sediment, which, on examination, is found to consist of the carbonates of lime and magnesia, combined with oxide of iron and alumina.

To facilitate a comparison of these springs I will place side by side the chemical constituents of each:

VICHY.	MINNEQUA.
Chloride Sodium,	Chloride Sodium,
Carbonate Lime,	Carbonate Lime,
do Soda,	do Soda,
do Magnesia,	do Magnesia,
Oxide Iron & Alumina,	Oxide Iron & Alumina,
Sulphate Soda,	Sulphate Lime,
Carbonate Iron.	Sulphur,
	Carbonic Acid,
	Sulphuretted Hyd'gn.

It will be seen that the saline ingredients of these springs possess a striking similarity, with the exception of the sulphuretted hydrogen. This is an important element in the Minnequa Springs, rendering it most serviceable in the treatment of all obscure and chronic skin diseases, in scrofulous ulcers, chronic rheumatism and gout, in affections of the liver, and diseases of the bones, and in all other diseases in which sulphur and its compounds are the proper remedies.

The value of these waters has been best shown in the treatment of chronic cases which have resisted all the efforts of medical skill to relieve. This result need not surprise us, as these springs contain compounds not known to chemistry or pharmacy.

The water of this spring is a cooling and refreshing beverage, sits lightly on the stomach, and is more palatable than the stronger sulphurous waters.

It acts principally upon the digestive, renal and nervous systems, and is admirably adapted to the treatment of dropsical and uterine maladies.

In diseases of the kidneys its influence is most marked, and a distinguished Judge of the United States Court informed me lately that the water of this spring had benefited him more in this respect, than all the remedies prescribed for him by some of the most eminent physicians of this State.

In all disease of the skin, and in old, callous fistulous, ulcers, its use as a bath will be found most advantageous.

It is now the generally received opinion among medical men, from the effect on the kidneys by the use of water from mineral springs, that most of the water drank is taken into the circulation; thus altering the chemical characters of the blood, and restoring the secretions of the organs to their normal condition.

There is, however, one class of cases to which this water is not adapted. In plethoric and inflammatory conditions of the system they are not productive of any benefit until, by judicious medical treatment, that condition is removed.

The place, independent of the benefit that may be derived from the water, affords special attraction. To lovers of nature, and those who desire to spend the summer months free from heat and care of business, Minnequa offers a pleasant retreat. Sportsmen will al-

ways find an abundance of game filling the neighboring woods, and a large variety of fish the adjacent streams.

Persons who desire to use the water, when they cannot conveniently visit the springs, can have it shipped to them, in cases containing four dozen pint bottles, securely corked and packed, at $2 per dozen. Upon the return of the bottles, *to be refilled*, a deduction of 75 cents per dozen will be made.

Inquiries may be addressed to Mr. R. S. Dodson, Superintendent, Minnequa Springs, Bradford county, Pa.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

May 25th, 1870.

Surgical Clinic of

Prof. D. Hayes Agnew, M. D.

(reported by dr. de f. willard.)

Hydrencephalocele.

Gentlemen: I bring before you this child, 8 months of age, not only that I may show you a congenital deformity which is somewhat rare, and which is generally considered of an incurable nature, but also that you may have the opportunity of following the progress of the treatment which I intend pursuing in this case.

You will perceive that there is projecting from the posterior aspect of the head of this child, a tumor of the size of a *large orange*, nine inches in circumference. It is of a soft, yielding nature, evidently containing fluid, and is connected to the head by a somewhat narrowed base. The enveloping skin is covered with hair, and there is evidently a communication of the sac with the interior of the cranium through an abnormal opening in the occipital bone.

It is a form of tumor known as hydrencephalocele, or as sometimes called from its analogy to spina-bifida: cephalo-bifida.

In spina-bifida or hydro-rachitis, we have, as you remember, a cleft of the vertebral column with a protrusion of the lining membranes of the spinal cord, which is caused by an arrest of ossification, and is of the same nature with those malformations which originate from a want of union of the two halves of the body during fœtal life, such as hare-lip, etc.

These enlargements are of various sizes, but do not attain a greater magnitude than that of an orange, save in exceptional cases, and they usually contain a thin, limpid fluid, slightly saline, and almost entirely coagulable by heat.

This deformity may take place in either lumbar, dorsal or cervical regions (most frequently in the lumbar, as ossification in the arches of this region occurs last,) and in the case before us we see a similar defect in the occipital bone, in that part developed in membrane.

These tumors, which connect with the interior of the cranium, usually contain simply prolongations of the general membranes of the brain, and are filled with cerebro-spinal fluid, but, in some instances they have been found to be also occupied by brain substance itself, as seen in a still-born infant delivered at the Philadelphia Hospital some three years since, in which case the tumor was larger than the head of the child, connecting with the interior of the skull by an opening in the occipital bone an inch in diameter, and which tumor was filled, not only by membranes and fluid, but also with numerous loops and folds of true brain substance.

These loops had the appearance of ordinary gray matter, and looked precisely as though the ordinary convolutions had been laid out upon a single flat plain, or as a straight cord.

These cases usually survive but a short time, as do those also affected with spina-bifida, yet, a few cases are on record where the age of puberty has been reached, but they are altogether of an exceptional nature.

In regard to treatment, various methods have been adopted, but all promise slight hopes of success. In the case before us, I believe the tumor to contain simply the membranes and fluid, and shall therefore adopt a plan of treatment, which shall have for its object the lessening of the bulk of the tumor by the process of slow strangulation, hoping ultimately, perhaps after many weeks, thus to remove it entirely, and obtain such union of the tissues as to prevent any further protrusion of the cranial contents. For the accomplishment of this purpose, I shall embrace the pedicle with an elastic india-rubber band, which shall constantly exert a gentle pressure, and finally reduce its base to a mere cord, thus interfering with the circulation, and constricting it very gradually at the point of union with the head.

This band will be replaced by shorter ones, from time to time, as the circumference becomes smaller, and thus we may hope at last to completely remove it.

True, this may not succeed; but it offers more reasonable hope of success than any other plan of treatment, and I shall show you the case at various times that you may see the result for yourselves.

Cancer of Penis—Amputation.

The case now presented to your notice is one of epithelial cancer of the penis. The patient is a colored man, 50 years of age, who states that he has never been the subject of venereal disease, but has always suffered from congenital phimosis.

Last autumn he noticed, for the first time, after each connection with his wife, who was at the time dying of phthisis, and whose secretions were all thus vitiated, that he suffered for several hours with a violent smarting pain in the glans beneath an elongated prepuce, which at last became so severe that he refrained entirely from the act.

The difficulty, however, still continued at times, and in October he sought medical advice, at which time the prepuce was first slit up to arrive at the seat of difficulty, and afterward was removed as a whole, hoping thus to arrest the progress of the disease. The parts ulcerated, and the disease constantly progressed, notwithstanding every form of treatment, and I, therefore, feel confident in asserting that this is not chancrous in its character, for I have never seen a chancre which would not, sooner or later, yield to treatment, local and constitutional, as has been had in this case.

From this circumstance, therefore, as well as from the appearance of the ulceration, the odor of its discharge and the steady extension of the disease, I decide that this is carcinoma of the epithelial variety, which is the form usually met with in the penis.

As you perceive, the ulcer now implicates the glans and the whole integument posteriorly to it, and there is a considerable discharge of thin, sanious, offensive pus. The pain is not very severe, but the health is somewhat impaired.

It has been stated by some authors, that phimosis favors the occurrence of this disease. It cannot originate it, but certainly phimosis must exert a baneful influence at all times, by the retention in contact with the glans of all secretions, unless the person be extremely careful in the matter of cleanliness, which unfortunately is not always the case in the class of patients now before you.

Before any operative procedure, the inguinal glands should alway be examined, to ascertain whether they are already implicated, since upon the non-occurrence of this complication depends the propriety of amputation.

In the present case I find them very slightly, if at all enlarged, and therefore recommend this man that he submit to the removal of a portion of the organ, as the best means of prolonging life. The disease may return, it is true, but such an event may not occur for many months, or even years. I find one indurated gland upon the dorsum of the penis, and will remove it at the same time with the organ.

[Prof. A. then proceeded, the skin being slightly retracted, to amputate the organ at its middle third, using a simple bistoury.

Ligatures were applied to the arteries and the skin and urethral mucous membrane were stitched together at a number of points to prevent retraction of the latter.

The catheter was introduced merely during the stitching, but was allowed to remain in position a few hours, Prof. A. remarking that it formed an admirable basis upon which to effect compression, should it be necessitated by hemorrhage. It was, however, to be removed before night, and the patient allowed to pass his water in the usual way.—De F. W.]

Epithelioma of Nose.

I have just shown you an epithelial degeneration upon the penis, and will now exhibit to you a similar form of disease upon a different portion of the body.

The patient, a man, 63 years of age, presents himself with a large and indurated ulcer an inch in diameter, upon the side of the nose, a short distance below the inner canthus of the left eye. He informs us that he first noticed a small scab-like formation about three years since, which became warty in its density, soon ulcerated, and has continued steadily to advance up to the present time, the edges being much indurated, and the discharge offensive. He also complains of severe lancinating pains, at times, and his health is poor.

This ulcer is one of the "epithelioma" of Hannover, or of the "epithelial cancers" of Paget and Schuh.

Virchow records two cases of a disease of the bones, which presented all the anatomical peculiarities of this disease, but I have never seen such a case, and do not know of any others on record.

Epithelioma may appear upon any portion of the body, however, as skin, mucous membrane, or at the junction of both, and although looked upon by many as cancerous in its nature, yet it would seem, at least in many cases to be a local affection, with little tendency to affect the general system, and is slow in implicating the surrounding lymphatic glands.

For the purposes of study, this disease has been divided into three stages: 1st. Hypertrophy; 2d. Hypertrophy with ulceration; 3d. Ulceration with infiltration.

The disease usually commences, as in the case of this man, with an excrescence simply, which, like a common wart, is but an excessive number of epithelial cells which are not compressed, and which are the result of some local irritant increasing the epidermic cell action of the part.

These cells may become glued together, and by their retention cause an inflammation to be set up softening and ulceration follow, and now the irritating exudation will cause an increased number of cells to be formed and pushed on, some toward the surface, and others deflected toward, or even into the surrounding tissues.

This disease in its severe form constitutes the lupus or noli-me-tangere of the older writers, where extensive destruction takes place, and yet life may be prolonged for many years.

The safer plan is therefore to remove any warty growth from the region of the face, lest some irritant may cause it to take on this degenerative action.

When the lymphatic glands enlarge in the neighborhood of the disease, then there is more evidence of a general infection, and it may be too late to save life except for a short time; therefore, the best plan is to remove all the diseased structure before the occurrence of the event, thus taking away all source of irritation, and giving the patient the best possible chance of health.

The ulcer before us is intractable, granulations quickly breaking down, even if they are formed, and I therefore decide to remove all this mass of unhealthy tissue. The easiest and quickest mode of treatment is the knife, and when the disease is upon the lip or portion easily defined, this is the best plan to pursue, the incision being carried well beyond the point of induration, until healthy tissues are reached, thus giving the least possible tendency to a return of the difficulty.

In cases, however, where the ulcer is in the position as seen in the present case, I prefer to use a caustic, and shall choose the one which will best answer our purpose, the Vienna paste, made of quicklime and caustic potassa, especially as it can now be had in the form of sticks, and is thus easy of application. Arsenic is also good, as are sulphate of zinc, and caustic potash; the latter, however, I do not like, since it is so rapid in its action as sometimes to cause hemorrhage.

[The caustic was then applied to the whole surface of the ulcer, the surrounding parts being thoroughly protected by adhesive plaster. Prof. A. remarking that the depth of the slough would depend upon the thickness of the layer of caustic. The slough will come away in a few days, and another application made, if necessary.—De F. W.]

CINCINNATI HOSPITAL.

May, 1870.

Medical Clinic of C. G. Comegys, M. D., member of the staff, and Prof. of Clinical Medicine in Medical College of Ohio.

(Reported by J. W. Hadlock, M. D.)

Tumors of the Brain.

Case 1. John Murphy, æt. 27, Englishman, unmarried, laborer, entered the house April 22, 1869. He has been ill for three months with pain in the head and general debility, so that he has not been able to work much. Has been a steady drinker. Has never had syphilis, but had gonorrhœa once.

Condition on Admission.—He is a man of good form, symmetrical figure, and pale face. His chief complaint is headache, affecting the left base and left frontal region. The left eye is projecting with some divergent strabismus; the orbit, however, could be changed at will into a forward look, but could not be turned to the right. Its sight was preserved, so that he has double vision, or as he says, "one eye fools the other." The pupils are alike, and not dilated. The cornea is healthy; conjunctiva not injected; the lid drops slightly; he cannot open the eye wide.

The only other defect of his exterior is a deep, ugly ulcer at the upper and back part of the scalp. The pulse is slow and full; no fever. Nothing abnormal in structure and functions of heart, liver, or spleen. The tongue is slightly furred; appetite good; bowels costive. He has frequent desire to pass water, attended with some uneasiness; the urine is alkaline with a deposit of triple phosphates. No paralysis of the muscles of the face or extremities, nor want of sensibility. When he walks he stoops and staggers like a drunken man, which he ascribes to his debility. His mind is clear, responding intelligently to all questions, but he is rather slow in his answers.

Diagnosis.—The lesions were at once pronounced cerebral, and I attempted to localize and determine their character *per viam exclusionis*. The clear state of his intellect, and the absence of paralysis of the organs of locomotion, the intact sensibility of the skin, the vision by both eyes, the healthy state of the cornea and its sensibility, the preservation of the sense of taste and sensation in the mouth, and the absence of paralysis of the muscles of mastication, led me to exclude the cerebral lobes, their crura, the striated and thalamic bodies, the tubercula quadrigemina and the fifth pair of nerves. The ptosis of the left lid, divergent strabismus and projection of the left eye, convinced me that the lesion was on the left side of the base of the brain, involving the third nerve, but whether owing to an adventitious growth or to degeneration of structure, I felt unable to decide. Hoping to resolve this question more satisfactorily, I requested an examination of the retina by Dr. Williams, the occulist, on service, but from some cause my request, though made several times, did not reach him until too late. I made no observation on the functions of the fourth nerve.

The reeling style of walking I attributed mainly to his double vision, and not to any locomotor ataxia; for I have several times had occasion to observe that patients with diplopia without any lesion of the cerebral organs above the third pair, can walk straight, if the weak eye be bandaged, showing that it is often the confusion in the guidance of vision that makes the step unsteady.

Treatment.—I ordered a pill composed of podophyllin ½ gr., comp. ext. colocynth 1⅔ grs., ext. hy-

osciami 1 gr., every three hours, until bowels are well acted on, and a seton in the neck; beef-tea for diet.

Progress of the Case.—On the 23d (2nd day), found that the bowels had been freely opened, and the patient had slept well; no change of moment in his condition; he walks with the same reel; answered questions intelligently; no fever; pulse 75; appetite moderate.

On the 24th, intelligence is more impaired; does not answer readily; bowels loose; can yet walk; no change in pulse. From this day onward all the unfavorable conditions rapidly developed. The pupil of left eye enlarged and was nearly fixed.

His intelligence failed progressively. He was entirely unconscious on the 27th, with an unintelligible muttering, and with puffing expiration.

On the 28th he laid in profound coma, and died at eleven o'clock P. M.

Autopsy.—Made eight hours after death by Dr. Bartholow (account from post-mortem record). *Brain*—Some slight effusion in superior subarachnoid space; some soft, small tumors found adherent to the parietal layer of the arachnoid over the left parietal protuberance, and the lateral surface of left lobe, and superior and anterior surface of left anterior lobe. A tumor found at the base, springing from posterior clinoid process of sphenoid bone and the internal extremity of the petrous portion of the temporal bone, involving the following parts, viz: the left 3d, 4th, 5th and 6th nerves, impinging upon the left crus cerebri and left lateral portion of the pons. Considerable engorgement of left third nerve, soft at point of origin—decidedly vascular; other organs not examined.

Remarks.—It is greatly to be regretted that my wish for Dr. Williams to make the examination of the retina did not reach him, for his large experience and perspicuous definitions would have added at least important clinical facts to this history; although it must be said that thus far no conditions of the optic nerve, retina, or capillary circulation there, has been sufficiently often observed to enable us to say whether, in a given case, structural degeneration, or an adventitious growth exists. It can only be by numerous and careful observations that such a desideratum can be reached.

Case II. John Rinke, æt. 69, German, widower. Came under my observation Dec., 1869. He had been in the pay ward of the house for two months; but no record whatever was made of his case. I learned that he had been suffering from headache for some time; that three weeks ago he became paralyzed on the right side.

Condition on Admission.—A tall, well-nourished man, with complete hemiplegia on the right side, except the face. Sensation as good on the left side as the right, by the test with compasses; there is swelling, pain, redness, and increased heat in the lower third of the right fore-arm and the wrist, which has an erysipelatous look; the whole arm is œdematous, and also the right leg. There is some pain on pressure below the knee, but no redness. Motion of the eye perfect; complete vision in both; pupils normal; incontinence of feces and urine; pulse slow and full; slight fever; appetite fair; face had a blank expression; intellect dull; loss of speech. He could utter no words to express himself, and could not comprehend printed language. His amnesia of gesture was not so complete. No lesion of respiration; no hypertrophy of the heart.

Diagnosis.—Considering the advanced age of the patient in connection with the hemiplegia and aphasia, it seemed in every way probable that organic changes existed in the left corpus striatum and thalamus, extending into the anterior convolution of the cerebrum of the same side.

Treatment.—1-70 of a grain of strychnia, to be given hypodermically once a day; good diet; local applications to the wrist.

Progress of the Case.—He evidently grew better, particularly in his power to move the right leg. No motion was ever recovered in right arm, but the pain, redness and swelling of the arm abated, particularly after being placed on an incline; the œdema of the right leg disappeared.

What was also very noteworthy, was the recovery to a great extent of speech, and an ability to read. The whole expression of his countenance changed from the noted dullness to a pleasing and intelligent look. In January he began to grow worse; all of the first observed symptoms revived. He died February 7th.

Autopsy.—By Dr. Wm. Carson (From post mortem record, Feb. 7.)—Rigor mortis marked; brain section of scalp pale, dry. A cyst in left side of the posterior lobe of the right hemisphere; a second cyst on the right side of the posterior lobe of the left hemisphere at a point a little anterior to that on the opposite side; a third cyst in the middle lobe enveloped in one of the sulci; a fourth cyst situated in the *right* thalamus opticus, projecting into the lateral ventricle of that side; a fifth cyst in the floor of the fourth ventricle. On section of the left thalamus opticus a part was found marked by cicatricial tissue.

Remainder of brain and membranes healthy; microscopical examination of one of the cysts revealed numerous small highly refractile globules; the field filled with granular matter and occasional exudation corpuscles. The wall very thin and transparent. White body in the wall, fatty.

Remarks.—Here I was greatly at fault in diagnosis. The left corpus, the island of Reil, and the whole left anterior portion of the cerebrum were healthy

in appearance; but there was evidence of some loss of structure in the left thalamus.

Three inconsiderable cysts occupied posterior positions on the cerebrum, but a large one was developed in the right thalamus opticus, a small one also in the floor of the fourth ventricle.

From the size of the cysts in all the positions, except that in the body of the right thalamus, and their yielding and unirritating structure, we might infer that they would produce inconsiderable external phenomena; but the large one should have given rise to marked symptoms of altered sensation and motion of the body. These, indeed, he had, but on the *same side* as the large structural lesion, which could hardly have been expected.

The sensations of the right (and not of the left side) were exalted, about the wrist where the symptoms were erysipelatous in character. It will be recollected that the paralysis of the right leg greatly improved; but not of the right arm.

The positive hemiplegia of the right side can only be explained by the structural lesion tissue of the left thalamus. The lesion was quite limited, but we know how inconsiderable losses of structure may cause extension of voluntary function.

The tumors at first presented the appearance of cysticerci, but Dr. CARSON determined, after a more careful examination, that they were not.

(*To be continued.*)

PHILADELPHIA HOSPITAL.

June 1st, 1870.

BY F. F. MAURY, M. D.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Specific Eczema.

GENTLEMEN: The woman before you is an inmate of the venereal ward, in consequence of an eruption, part of which is visible on her face. Had you seen her, however, two weeks ago, you would hardly recognize her to-day. Her face and scalp were filled with vesicles which would discharge a lactescent fluid on being ruptured. This is a specific eruption, eczema or moist herpes. It is a lazy and indolent affection and therefore difficult to cure. The whole body may be the seat of this eruption, and yet there be but little, if any, constitutional involvement. Now you may ask me, how do you distinguish between a case of simple or non-specific, and one of specific eczema.

1st. By the history of the case.

2d. By the locality of the eruption.

In non-specific eczema the eruption is scattered broadcast over the body, having no particular point of election. Specific eczema, on the contrary, manifests itself about the articulations and lastly on the face, the body and middle run of the limbs being almost exempt. Now I have not examined this woman's body at all, yet I pronounce the case one of a specific nature, and to confirm my diagnosis will ask the patient to let me see her legs and arms. The result is as I predicted. You see the elbow, wrist, knee, and ankle joints, are the seat of an eruption similar to that which we find upon this woman's face and scalp.

Futhermore, in an adult we rarely have non-specific eczema of the face and scalp, though such a condition is common in children. In specific eczema the eruption shows continuous involvment within all its outer boundary, but in non-specific eczema we have intervening healthy spots. The watery exudation from specific is not so great as in non-specific eczema.

Treatment.—Cut the hair close, but do not shave it, so that the scalp may be properly cleansed and medicated. Address your treatment to the constitution as well as to the locality of the eruption. Bazin says, in non-specific eczema the digestive apparatus is at fault. When I first saw this woman she was broken down and cachectic, and I gave her of the tincture of the chloride of iron 25 drops, Fowler's solution of arsenic 8 drops, and the 1-12 of a grain of the ammonio chloride of mercury three times daily. At night the patient applies to the scalp a starch poultice; it softens the parts and puts them in condition to receive medication. In daytime this woman rubs upon her scalp and face an ointment composed of

Ung. zinci oxidi,	℥j.	
Hydrarg. chlor. mit.,	ʒss.	
Maranta,	ʒss.	M.

I have also applied to this eruption the ointment of the iodide of sulphur, one part, to simple cerate, seven parts.

The woman's bowels are maintained in a soluble condition. In her diet we prohibit the use of hot bread, pastry and salt meats.

I next show you the result of an operation performed on a man at my last clinic for internal piles. I ligated them, and the man is now perfectly cured. We kept him in bed for a day or two after the operation, otherwise he has suffered no inconvenience.

Fistula in Ano.

This patient was operated upon at another hospital for an anal fistule, but still complains of great pain in the part, and inability to retain the contents of his bowel. On making an examination, I find a pouch or sac running parallel with the bowel, along the posterior face of the coccyx. In fact, the lower part of the rectum seems dissected out, and hanging in a cavity. This complaint is not only painful and loathsome, but incapacitates the man for all exertion, and keeps him recumbent. I think a proper procedure here would be to take a trochar,

or some similar instrument, and pushing it from w[illegible]n outward, through this sac, introduce a Chassaignac's drainage tube. This would probably cause a[illegible]p seated granulation to commence, and thus restore the integrity of the parts. I will think more of this operation before performing it, as I am told this man has a tubercular affection, and I do not wish to hasten the softening of the tubercles by incurring additional risk from surgical operation.

Neglected Inflammatory Chancre.

This man, as you see, has his penis destroyed nearly to its root. He is a laborer and unmarried. Drinks occasionally, but not to excess. He contracted a chancre five months ago, and let it run a month without treatment. Then he used a wash for it, but no caustic. The sore was on the point of the glans penis. He has had no eruption, no bubo, no falling out of his hair, and in short no syphilitic symptoms. I take this case to have been one of inflammatory chancre, where ravages have arisen simply from the ignorance and neglect of its possessor. The man has been five months losing his penis, and the course pursued by the sore has been precisely similar to that of a neglected sore in any other part of the body. The man's appearance is not denotive of anything like phagedena, as he is muscular, firm and cheerful looking. We are dressing his penis with potassio-tartrate of iron, one drachm to the ounce of water, and giving him 40 grains of the same remedy, internally, three times daily.

We will also have the part well washed with a [illegible]olution consisting of a tablespoonful of Labarraque's solution of chlorinated soda to a tumblerful [illegible]f water.

I now bring before you the man whose testicle I removed three weeks ago, on account of its being the seat of a gummy tubercle, undergoing softening. You remember my form of suture and see that the parts have completely healed. One thing you will notice in this man that happens whenever a kindred operation is performed on the inferior animals, that he has fattened wonderfully since the operation.

Medical Societies.

NORTH-WESTERN OHIO MEDICAL ASSOCIATION.

The regular semi-annual meeting of "The Northwestern Ohio Medical Association" was held at Kenton, O., Thursday, June 2d, 1870, Dr. W. H. Phillips, Senior Vice President, presiding.

Dr. A. W. Munson, in behalf of the Profession and citizens of Kenton, welcomed the Association in a neat and pertinent address.

Drs. Baxter and Krout, Essayists, presented papers—the former on "The Relations of Emotion and Disease," the latter on "Hypodermic Medication." Dr. Hiner presented a volunteer paper on "Meddlesome Midwifery." These papers gave rise to considerable discussion.

Drs. Neff, Ballard and Blachley, were appointed a committee to report at next meeting regarding the matter of publishing the proceedings of the Association in pamphlet form.

Wapakoneta, O., was selected as place for holding next meeting;—time, first Thursday in December, 1870.

Editorial Department.

Periscope.

New Therapeutic Applications of Glycerine.

G. Wm. Semple, M. D., of Hampton, Va., says in the *Medical Bulletin*, according to J. Marion Sims, glycerine applied on a compress of cotton wool to the os and cervix uteri, causes a continuous exosmose of serum. Applied in the same manner to protruding hemorrhoidal tumors, it produces a like effect, and quickly reduces the inflammation and swelling, as I have tested, in numerous cases.

On the 1st of February last, a young gentleman, 23 years old, of delicate constitution, with a narrow chest, who had suffered from a chronic cough for four months, applied for advice. To my surprise no abnormal sounds, either on auscultation or percussion, were detected. On inspection of the throat, the uvula was found elongated, and the whole mucous membrane of the velum palati and pharynx turgid and congested. There was a free muco-purulent expectoration tinged with blood, and it was observed to be drawn back from the nose and hawked up, after the cough. The patient stated that about once in twenty-four hours, after much effort to draw it back from the right nostril, he hawked up something hard, coated with bloody matter, and this he did the same afternoon in my presence. The pellet was found, on examination, to consist of hardened muco-purulent matter mixed with blood, and to be a perfect mould of the antrum, with a projection on it, which entered into the nostril and by which it

was drawn out from the antrum. The odor in the nose was very fœtid .and was more disgusting to himself than to others. I was about to order an injection of the nasal cavities with a solution of carbolic acid, when recollecting the property glycerine possesses, of diffusing itself over any surface on which it is applied, a small quantity of glycerine, in which carbolic acid ℥v to f℥j was dissolved, was introduced into the nostril, on the finger. In a few moments the patient said: "I feel the same sensation in my cheek and over the brow as in the nostril," and soon after, "I taste something very sweet on my palate." Satisfied with the experiment, I directed him to use the medicine, in the same way, twice a day, and to use, three or four times a day a gargle of glycerine ℥j, carbolic acid ʒj,—a teaspoonful to a tumbler of water. A copious thin mucous secretion was discharged from the nostril, sometimes tinged with blood; but not another pellet was discharged, the fœtor immediately ceased, and the disease, both of the throat and antrum, were cured within twenty days. The patient stated that the symptoms from which he suffered had immediately followed a severe attack of catarrh, contracted about the 1st of October, which continued with fever, for eight or ten days. Glycerine is so general a solvent, that almost any medicine that may be desired to be used in the treatment of diseases of the nasal cavities may, through its agency, be applied. And though it is not difficult for an intelligent patient himself to inject the nasal cavities, yet this method of applying remedies is much more convenient.

Iodoform Dressings.

The sore is powdered over with pure iodoform, and then completely covered with gummed goldbeater's skin, and again with linen smeared with cerate, or, better still, with narrow strips of diachylon plaster. The dressing need not be removed for four or five days.

This dressing has been employed with success in varicose ulcers, syphilitic rupia, phagedenic chancre, interdigital fissures and mucous patches, and fissures of the anus.

Iodoform, combined with cacao butter, has been used by M. Demarquay in the dressing of cancerous sores. In these cases it acts as a local anæsthetic and disinfectant.

Reviews and Book Notices.

NOTES ON BOOKS.

The Physician's Monitor for 1870, published by W. A. Townsend & Adams, New York city. Price 25 cents; is a pamphlet of thirty pages, containing the code of ethics, list of late medical and scientific publications, directory of drugs, chemicals, etc. It is an advertising journal.

We have received:

The Bedford Mineral Springs, with an analysis of its waters, pp. 12.

Sixty-third Annual Circular of the School of Medicine of the University of Baltimore.

The *Boston Journal of Chemistry* comes to us this month still further enlarged and improved. It has become one of our most valuable publications for the practical physician. We heartily commend it to the notice of our readers. The subscription price is now $1.00 a year. We will furnish it to those only who are new subscribers, at 50 cts. for the first year.

The Academy of Sciences has awarded a prize of the value of about £100 to MM. Paulet and Jules Sarazin for their grand treatise and atlas of surgical anatomy. The award is as honorable to the givers as to the receivers. It is the spontaneous recognition of a work showing more labor and artistic accomplishment than most works published in our time.

BOOK NOTICES.

An Historical and Descriptive Narrative of the Mammoth Cave of Kentucky, including explanations on the causes concerned in its formation its atmospheric conditions, its chemistry, geology, zoology, etc., with full scientific details of the eyeless fishes. By W. Stump Forwood, M. D., member of the American Medical Association, etc. With illustrations. Philadelphia. J. B. Lippincott, & Co., 1870. 1 vol. 8vo., pp. 225, cloth. Price $2.25. For sale at this office.

Those of our readers whose files of the Reporter run back to the year 1867, will be aware of the fact that Dr. Forwood has given a great deal of close study to the many interesting phenomena grouped around that wonder of the New World, the Mammoth Cave. In the volume before us he has placed the results of his investigation in a compact and attractive form, and it will be long before a more complete description of this natural curiosity will be given.

Apart from its value as a guide-book, the work contains many scientific statements of general interest. The description of the fauna of the cave will command the attention of naturalists, and we have read with especial interest the observations on the mummies discovered there, that subject having at one time been treated of by ourselves. In regard to the therapeutic effects of the cave, the au... says: "*practically*, we cannot assign any sanative virtues to a residence in the cave."

The work is handsomely printed on fine paper, and is illustrated by a number of full page lithographs from photographic sketches of the interior of the cave.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JULY 9, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July* 1870.

Those designing to subscribe from that date *should send in their names immediately* as a guide to the size of the edition.

☞ Although we made a liberal allowance for new Subscribers from the 1st of January last, our stock of some numbers was exhausted before April, and many were unable to obtain complete files from the commencement of the volumes. *Hence the necessity of an early notification from new subscribers.*

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

DECIMAL WEIGHTS AND MEASURES.

While we are no friends of innovation for the mere sake of novelty, we are opposed to the conservatism which advocates what is old merely because it is old. The *laudatores temporis acti* have never done the cause of science much good, and it is by being freely willing to adopt new suggestions which are useful that a nation and a profession advances.

Physicians in this respect have a work before them which they should set about at once. It is the adoption of a better system of weights and measures than now prevails. Nowhere is accuracy more imperatively demanded than in buying and selling medicines, and how cumbersome and inadequate are our present means of ensuring this accuracy?

In the first place, there is the inevitable confusion between troy weight and apothecary weight. How many physicians are perfectly certain when they should write ℥j and 1 oz.? for the two things are quite different. Then there is the confusion of signs, often near enough alike to puzzle expert druggists, the ʒ and the ℥. Again, there is the confusion between weights and measures; ʒj may mean a drachm by weight or a drachm by measure. Probably three physicians out of four constantly neglect the initial f, which indicates the fluid-drachm. As for gtt., "drops," used very generally in this country instead of minims, what sort of accuracy can be expected from such a direction, when we consider the many circumstances which alter the magnitude of a drop of the same preparation.

Is it not time some better plan was introduced?

There *is* a better plan, and that is the metric system. We are glad to see that the English are stirring in the matter. It was discussed at a meeting of the Society of Arts, in London, last May, and some practical suggestions were made. All the speakers, with the exception of two, were in favor of a change. The following resolutions were adopted:—"That the Standard Commissioners, having recommended the abolition of troy weights, this conference is of opinion that all those who now use the same should substitute for them, not the pound avoirdupois, but the kilogramme, with its divisions and multiples, by which another practical step will be made toward the complete adoption of the metric system throughout the British Empire, which, in the opinion of this meeting, is an object of

the highest importance." "That the introduction of a universal system of weights and measures would not be complete without a corresponding system of international coinage, the same being based on a gold standard of the fineness of 9-10ths, with 1-10th alloy; a decimal division, and identical Mint regulations in all countries." Deputies from the British and Foreign School Society moved the following: "That in order to facilitate the speedy introduction of metric weights and measures, and an international coinage, this conference deems it highly desirable that decimal arithmetic, with the specialties of the metric system, should be taught in all the schools in the United Kingdom." We also notice that, according to the *Mémorial Diplomatique*, the Austrian Government has just signified its assent to a proposal of the French Government for an International Commission to assemble in Paris, in order to agree upon a common standard of measurement for all civilized nations. Already 15 European Powers have announced their willingness to take part in the Commission. Even England, which hitherto has been disinclined to depart from old customs, will be represented by the Directors of the Observatories of Greenwich and Oxford. The French Government now only awaits replies from the United States, Brazil, and the South American Republics, previous to calling together the Commission. The proceedings will be directed by the vice-president, General Morin, Director of the Conservatoire des Arts et Métiers, in whose archives is deposited the official standard of the metre recognised in France.

We hope that the United States will not be behindhand in furthering this much needed result; and it particularly behooves our profession to be ready and willing to adopt any more accurate method than that now in vogue.

Notes and Comments.

Contracting for the Doctor's Services.

The Berlin correspondent of the *Manchester Guardian* writes:—"I am reminded, by the beginning of the year, of a practice which prevails throughout Germany, and which is attended by so many advantages that I should like to say a few words respecting it. I allude to the custom of insuring the doctor's bill, or, what comes to the same thing, paying the doctor by contract. All families who do not live from hand to mouth, but are in receipt of something like a regular income, send their physician a certain fee on New Year's eve, or a day of two later, as remuneration for his attention during the previous year. The amount is determined by mutual agreement at the commencement of the engagement, and is estimated with reference to the means of the patient rather than the services he is likely to require."

Weight of Brains.

In the *Journal of Mental Science*, there is an elaborate paper by Dr. Shuman on the "Weight of the Human Brain," and he gives the following interesting table of the brain-weight of fifteen distinguished men:

	Age.	Oz.
1. Cuvier, naturalist,	63	64.5
2. Abercrombie, physician,	64	63
3. Spurzheim, physician,	56	55.06
4. Dirichlet, mathematician,	54	53.6
5. De Morny, statesman and courtier,	50	53.6
6. Daniel Webster, statesman,	70	53.5
7. Campbell, Lord Chancellor,	80	53.5
8. Chalmers, celebrated preacher,	67	53
9. Fuchs, pathologist,	52	52.9
10. Gauss, mathematician,	78	52.6
11. Dupuytren, surgeon,	58	50.7
12. Whewell, philosopher,	71	49
13. Hermann, philologist,	51	47.9
14. Tiedemann, physiologist,	80	44.2
15. Hausmann, mineralogist,	77	43.2
Averages of ten distinguished men,	50-70	54.7
Averages of fifteen distinguished men,	50-80	52.7

The average brain weight, between the ages of 20 and 60, of Scotchmen, is given by Dr. Peacock at 50 ounces.

Easy Mode of Examining the Fauces.

M. Guillaumot states that the throat may easily be examined during the act of yawning, and with much greater ease and convenience to the patient that by the employment of any depressor of the tongue. After two or three trials the yawning can be voluntarily induced; and the practitioner should exhibit to the patient, in his own person, how easily it is brought about. Children readily fall in with the plan.—*Rev. Méd.*, March 19.

Removal.

Mr. Louis V. Helmold one of the oldest Surgical Instrument makers in this city, well known to our readers, has been erecting a building, at No. 127 South 10th Street, directly opposite the Jefferson Medical College. The building is specially adapted to his business, and he has just moved into it.

Corrections.

In No. for June 11, second column, page 501 for *distasteful* read *less distasteful.*

Same No. page 503, for oil of male fern f℥ j. read. ℥ j.

Correspondence.

FOREIGN.

LIVERPOOL, June 14, 1870.

EDS. MED. AND SURG. REPORTER:

During a very brief stay in Liverpool I have endeavored to collect some information in regard to its local diseases and hospitals. For most of my facts I am indebted to the kind interest of John Cameron, M. D., M. R. C. P., Hon. Physician of the Southern Hospital etc., and to Dr. James A. Owles, Supt. of the Liverpool Medical Missionary Society.

LOCAL DISEASES.

The ordinary exanthemata are always here, and sometimes prevail epidemically. There are also occasional epidemics of Cholera. Continued fever, in the form of typhus, may be said to be endemic. No intermittent fever is met with here of local origin. Dr. Cameron, in a private and hospital and dispensary practice of over thirty years, has never seen a single case of ague which was not imported. In the hospital to which he is attached, he meets with a good many cases brought from the Baltic, South America, the Coast of Africa and elsewhere, but none from the town of Liverpool itself. In the fens of Lincolnshire and Cambridgeshire, it is endemic, and occasionally an Irish laborer is laid up with it soon after his arrival here from those localities. Excepting these casual cases, it is an unknown affection. The same remark is true of the remittent forms of fever. Excepting among children, the fevers are strictly of the continued type, typhus generally, typhoid less frequently; the latter among the better classes. Relapsing fever, so prevalent in London, is almost unknown here.

HOSPITALS.

The hospitals of Liverpool are supported by subscriptions, donations and legacies, none of them being endowed. Some of the money received is funded, and some spent in current expenses, according to the state of the patients at the time. The money which is funded becomes an endowment only by the option of the trustees, for it rests entirely with them to leave it invested or to take it for current expenses.

The following are the general hospitals: ROYAL INFIRMARY, Crownlow street. (Subscribers of one guinea and upward annually, are entitled to recommend patients, and subscribers of two guineas and upward annually, are entitled to vote for officers. Donations of twenty guineas and upward are trustees for life. Patients with recommendation notes are admitted daily at 12 o'clock, Sundays excepted. Accidents are admitted any hour of the day or night, without recommendation.) ROYAL LUNATIC HOSPITAL, Ashton street, adjoining the Infirmary.

LOCK HOSPITAL. NORTHERN HOSPITAL, great Howard street. SOUTHERN HOSPITAL. This hospital was opened in 1842; it contains 120 beds, and, like the rest, is supported by voluntary contributions.

There are also a number of special hospitals: EYE AND EAR INFIRMARY; (patients attended in 1868, 36,103 times); THE LIVERPOOL HOSPITAL FOR SKIN DISEASES; (exclusively devoted to the treatment of cancerous, scrofulous, syphilitic, and other varieties of skin diseases); LIVERPOOL GENERAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST; THE LADIES' CHARITY AND LYING-IN HOSPITAL; (to afford skilled attendance to poor married women confined at their homes, and hospital relief to lying-in women, and in cases of special diseases of females. A dispensary is attached to the hospital); INFIRMARY FOR CHILDREN; (th benefits of this institution are entirely confined to children under 12 years of age. No infectious or contagious diseases are admitted); INSTITUTION FOR THE RECEPTION OF CASES OF INFECTIOUS DISEASES; (cases of fever, small pox, etc., are received at any time on application. This institution is self-supporting.)

DISPENSARIES — MEDICAL CHARITIES — NORTH AND SOUTH.

Proper objects admitted by notes from subscribers. This charity was founded in 1778 for the relief of sickness among the industrious poor, and is supported entirely by voluntary contributions. Its operations embrace the whole of Liverpool. The number of recipients of the benefits of the dispensaries is yearly, nearly 50,000, of whom about 36,500 receive advice and medicines at the institutions, and the remaining 13,000 are visited at their homes and supplied with medicines.

DISPENSARY FOR DISEASES OF THE SKIN.

This charity was opened in 1863 for the gratuitous medical treatment of the poor of Liverpool and surrounding districts afflicted with chronic diseases, including those produced by scrofula, cancer, lupus or other ulcerative maladies of the skin. It is also designed as an institution for the study of this complaint.

DISPENSARY OF THE LIVERPOOL MEDICAL MISSIONARY SOCIETY.

The object of this charity is, to me, an entirely novel one. It is established for the purpose of combining religious instruction with medical advice, to "heal the sick, and say unto them, The Kingdom of God is come nigh unto you." The superintendent, Dr. Jas. A. Owles, is an extraordinary man, enthusiastic, zealous, and very successful in his work, to which he exclusively devotes himself. The institution is managed by a committee. The dispensary,

in every respect, is like an ordinary one, excepting in this, that a religious address of about a quarter of an hour's duration, is delivered each day to the patients assembled. To-day there were nearly two hundred patients present, who, after the religious exercises, were prescribed for one by one. This dispensary has the largest number of patients together at one time of any in Liverpool. A branch has been started here and is working very successfully. A similar institution has been opened in Manchester, and one or two are about to open in London. All these are the offsprings of the Edinburgh Missionary Society, which is the parent association.

MEDICAL SCHOOL.

Liverpool has a medical school, which is connected with the Royal Infirmary. It numbers about fifty students. It is managed like all the private medical schools in England, *i. e.*, supported by the lecturers, who receive the fees and devote a certain portion of them to defray the expenses of the institution, to keep up the museum, etc. It is an excellent provincial school, possessing a very good dissecting room and museum. The present building has been occupied over thirty years, but the school was started forty or fifty years ago.

LOCAL MEDICAL SOCIETIES.

These are two in number, the Northern Medical Society, and the Liverpool Medical Institution. To the one or the other of these most of the physicians of the town belong. Physicians here generally write their prescriptions, only a comparatively few dispensing their own medicines.

RECENT THERAPEUTICS.

Hypodermic injections are used largely and in every form in private and hospital practice. They are found to be particularly valuable in the treatment of the diseases of those patients who cannot or will not take medicines. Dr. CAMERON has employed, with much success, the bromide of potassium subcutaneously in epileptic seizures. He uses five to eight grain doses, repeated *pro re nata*, in a solution of the following strength:

R. Potassii bromidi,	gr. v–viij.	
Aquæ destillatæ,	gtt. x–xv.	M.
For one injection.		

The *hydrate of chloral* is extensively employed. Dr. Cameron speaks cautiously of its value, as he does not think it has yet been sufficiently tried to determine its therapeutical merits. Dr. OWLES has administered it in cases of delirium tremens, with good results. The laryngoscope is very generally used for purposes both of diagnosis and therapeusis.

POPULAR INSTRUCTION IN HYGIENE.

I find many evidences here of the attention which is bestowed upon placing in the hands of the laity of clear, practical advice on the care of the health, prepared by eminent medical men. For instance, in the Free Public Library and Reading Room, there are disposed along the walls and against the columns, large framed placards containing rules of simple hygiene, compiled by seven prominent medical men, connected with the principal hospitals in London and Liverpool. Thus placed, these rules are read by very many people, for the reading room is open daily from ten o'clock in the morning until ten at night. The extent to which it is used is shown by the fact that the average number of volumes issued is 2,000 per day. When I visited the room, in the middle of the afternoon, there were about 200 readers seated at the desks. The room will accommodate nearly 600 persons, and it is frequently crowded. I append, as not without interest, a copy of these.

Rules of Hygiene.

I. Wash the whole body, once at least in every forty-eight hours, either with cold or slightly warmed water, and rub thoroughly dry with a very rough towel.

II. Eat your food *slowly* and chew it well, and sit still at least ten minutes after every meal; so may you hope to preserve both your teeth and your digestion. Beware of drinking any *very* hot fluids; tea and coffee should stand till tolerably cool. After fatigue and long fasts hot fluids, only not *too* hot, are valuable, and a few mouthfuls taken, in such cases, before beginning to eat, are very proper, especially for elderly people.

III. Turn all your clothes (particularly those which you wear next to your skin) inside out before you go to bed, and hang them up to air above the level of your head.

If possible, have two suits of clothes, and wear them on alternate days, folding up carefully those not in use after they are aired.

IV. Be sure to secure fresh air in your bedroom during the night.

V. If you have no ventilator in the window, or ceiling, or roof, or over the door, then leave the window from half an inch to two or three inches open during the night. Of course take care that there be no strong draft blowing in upon you during the night; but anything is better than converting your bedroom into a black-hole of Calcutta. Boring four or five tolerably large holes, an inch or so in diameter, through the *bottom* of your bedroom door will go a long way toward keeping the atmosphere sweet during the night. If you can, provide some means of escape for the foul air by a small aperture through the ceiling.

VI. Eschew, if you care for your teeth, all sweets, tarts, pastry, and confectionary, and also much sugar.

VII. Never sit down to breakfast without first going out into the open air for at least *three* or *four* minutes. Make your walks longer or shorter, according to your health and strength.

VIII. Open your bed entirely, lifting the sheet and blanket on which you have been lying, so as to let the air get underneath; and leave the window open, top and bottom, when you quit your bedroom in the morning.

IX. Do not eat more than *four* good meals a day; the chances are that you will find your appetite and

digestion benefited by taking only three, and, perhaps even only two, hearty meals a day. Most especially avoid eating and drinking between meals.

X. Do not miss any chance of learning to *ride*, to *swim*, to *fence*, to *play single-stick*, to *play cricket*, and *foot-ball*, to *row*, and to *spar*.

XI. Get, if you can, a plunge bath (a cold salt-water bath is best), the first thing in the morning, twice or thrice a week.

XII. Do not plaster down your hair with hog's lard, falsely called "pomatum," "pomade," or "bear's grease;" the hair is meant to assist in carrying off perspiration, and should not be clogged with grease. No appreciable mischief results from *oiling* the hair, if you like to do so; nor does sweet oil do any harm to any part of the body, if you like to use it, by rubbing it into the skin before a fire, but on the contrary good, as it renders the limbs supple and more capable of strong muscular exertion. Animal oils are better and less drying than vegetable ones, such as olive oil and cocoa nut oil, for either skin or hair, and perhaps marrow oil is the best of all. The best sweet salad oil does no harm to any part of the body, but, on the contrary, good.

XIII. Brush your teeth the last thing every night before going to bed, and comb and brush your hair the wrong way, or any way but the right way, so as to let the air in upon your head.

Rinse out the mouth after every meal.

XIV. If you have a flesh brush, use it once a day. The best time is at night. If not, polish your skin with a rough towel before you go to bed.

XV. If you dine out, avoid drinking more than one kind of wine; as a rule, after dinner, drink no wine, but take instead, half an hour afterwards, a cup of good strong black coffee without milk or sugar, except, perhaps, with the smallest bit of this last. Take nothing after this the same night, if it be a late dinner you have had.

It is best neither to take your "café noir" (small cup of black coffee) nor to smoke tobacco till at least half an hour after meals.

XVI. If you are troubled with cold feet at night, use plenty of friction (or rubbing), before getting into bed; and if that does not answer, then sponge them with cold water, and, when drying them, rub the toes and ankles upward, and not downward. In case this plan fails, as it does sometimes, and the feet remain still deadly cold, then try putting them in a mustard foot-bath before stepping into bed, and put on a pair of thick dry woollen socks directly afterward. The socks can be removed as soon as the feet are warm.

XVII. If you are troubled with costiveness or constipation, try taking the best Scotch oatmeal porridge (only let it be long and thoroughly boiled), every other morning for breakfast. Use salt and milk, according to taste, and take it, either with or without the addition of treacle, as you find it best agrees with you. Eat brown bread (that is, bread made of whole ground wheat) and butter.

A glass of cold fresh water taken when you first get out of bed, followed by a run or walk before breakfast, has often an excellent effect in removing heartburn, and in moving the bowels gently, particularly when at sea. Costiveness is a common complaint of landsmen during a sea voyage, and a glass of cold water taken then, an hour before breakfast, frequently saves resorting to the ship's medicine chest.

XVIII. Eschew all hot and heavy suppers, unless you wish for an attack of nightmare, and avoid all suppers, as a rule, unless dinner has been taken early. A so-called "severe tea" late at night, is usually unwholesome. Never go to bed, if you can help it, with an entirely "empty stomach." This is often a cause of "insomnia" or sleeplessness, especially in elderly persons. By an "empty stomach" I mean, when a fast of five or six hours has been observed, and the last meal was not a substantial one. A tablespoonful of Hollands, or so, in half a tumblerful of cold water, is very excellent for old people at bed-time, and some plain unleavened biscuit may be eaten at the same time. If you are troubled with a so-called "sour stomach," or heartburn at bed-time, or are in the habit of grinding your teeth when asleep, try eating a bit of stewed French apple (sold at the grocers under the name of "dried Normandy pippins") just before going to bed, or a stewed prune. Do not get into the habit of taking carbonate of soda in water, for heartburn; for its constant use may prove very injurious to the stomach.

XIX. If you have any one ill with fever, or any infectious disease in the house, do not visit him the first thing in the morning, on an empty stomach; but take a mouthful of good coffee or tea and a crust of bread before entering his bedroom.

XX. If you are troubled with sleeplessness, rise early and get a good walk, or better still, a good ride, if you can afford to keep a horse, before breakfast; sponge the whole body before going to bed, and rub dry with a Turkish towel; use the dumb bells or any other gymnastic exercise, and jump into bed warm, and banish unpletasant thoughts. Do not smoke strong tobacco the last thing at night and adopt a warm, red flannel shir, instead of a, cold cotton or linen one.

XXI. Look sharp after all drains, middens, privies, and cesspools, connected with your house, if you wish to keep out infection, or any low fever of the typhoid class. Take care to keep them in good repair and working order, and flush all sewers and drains now and then with oceans of water. In a dry season pour a pailful or two of water, with about a quarter of a pint of carbolic acid (sold at all chemists as a disinfectant) in it, into all your drains, and cesspools, and middens, every other day, at least, to take away any bad smell. If you cannot get carbolic acid, use chloride of lime, Burnett's disinfecting fluid, or something of the same sort. Any way, get rid of foul smells in your house somehow. To purify a room, pour a wine-glass or so full of vinegar on a pan of red-hot cinders, andlet the vapor from it fill the room; then open windows and door. As a rule, fill your washhand basin with water *over night*, against next morning, and do not neglect at all times to put half a pint, or so, of water into each chamber utensil, or night stool, in a bed-room. You cannot be too cleanly or airy in a bed-room; banish all carpets, and see that no dirty clothes are left under the bed, and no slop-left unemptied. Keep all dirty clothes' bags anywhere you like, only *not* in a bed-room.

XXII. *How to wash yourself in the morning.*—Fill your basin over night, and, unless you take a plunge-bath or shower-bath, as soon as you rise, commence by putting your face deep into the basin; open and shut your eyes two or three times, looking at the bottom of the basin. Take your sponge full of water, and sponge neck and back of the head thoroughly.

I advocate washing the whole head with water. Then turn the whole head on one side, in turns, *and fill each ear with cold water*, shake the head, and the water will run out.

Others, medical men of great experience in aural

surgery, say, "*do not pour water*, either cold or lukewarm, *habitually* into the ears; the hearing may be impaired by the practice, as the tympanic membrane is most delicate. The wet end of a towel or silk handkerchief is all that is sufficient." For my own part, I prefer immersing the whole head, while washing and letting water run into both ears, while the head is in the basin or else, after washing or sponging the face and eyes, if the basin be not big enough and deep enough to admit the whole head beneath water, then by turning the head first on one side, and then on the other in the basin, to admit the water in the ears, which comes to much the same thing; but is not quite so refreshing.

Then sponge the chest and small of the back, and underneath the arm-pits; this is the least you ought to do. (I advocate sponging the whole body, and that both night *and* morning.) The very least you can do with any attention to cleanliness or health, is to sponge face, chest, and back with water, and dry-rub the rest of the body, every morning, if not evening. Eschew the ridiculous practice of standing half naked, soaking and washing your hands for half an hour, the sole notion a boy has of washing himself. If you use a tooth brush night and morning, as you should do, it cannot be too soft. Hard brushes make the gums flee from the teeth, and produce premature decay, by causing the soft bone of the tooth to be exposed to the air, beyond the part of the tooth protected by the enamel.

For a thorough wash of the hands, use warm water; let it be rain, not hard or spring water; and before you begin soaping them, steep them well in the water for a minute or two, rubbing them the while, till the water has penetrated well into the pores; then use soap and a nail brush *ad libitum*. End by holding your hands under a tap, if you have one, of cold water, and "give them a shower-bath," so to say; it is very refreshing and strengthening to the fingers. If you have no tap, just dip them into cold water, and rub them dry as quick as you can. Miss Nightingale, in her most useful "Notes upon Nursing," recommends as even more effectual, holding them for a few minutes over a jug of hot water, so as to let the steam thoroughly penetrate the seams and pores of the skin, before commencing to soap them. But this requires time.

Following these rules are a number of plain hints and remedies for the treatment of common accidents and diseases.

GEO. H. NAPHEYS, M. D.

News and Miscellany.

——The Grand Duke of Russia, on attaining his twenty-fifth year, has resolved to celebrate the event by an act of charity and munificence. He has, therefore, subscribed the sum of 70,000 roubles toward the foundation in St. Petersburg of a hospital for lunatics and incurables, and has further endowed the same hospital with an annual sum of 20,000 roubles.

——Dr. Tedesko, one of the most noted homeopathic physicians of Vienna, is deceased.

——M. Paul Bert has been experimenting on the etiolation of animals and plants. He finds that this phenomenon is due to the absence of the blue and violet rays of the spectrum.

——M. le docteur Chauffard has been appointed professor of general pathology in the Faculty of Medicine of Paris.

——The Hospital Beaujon, at Paris, has erected tents in the garden attached for the accommodation of patients undergoing serious operations. The much greater success of field operations over those in civil practice has led to this experiment.

——Tardieu recommenced his lectures without any special row, but a strong party is at work in Paris to institute a medical school not under government influence. As all the hospitals are controlled by the government, the scheme is not likely to succeed.

MARRIED.

BOARDMAN—SMITH. At the residence of the bride's sister, Mrs. F. B. Welles, June 16, by Rev. Joel Jewell, Irving R. L. Boardman, M. D., and Sophie Lyman Smith, all of Columbia, Pa.

LAW—CLARKSON. In Millerton, N. Y., June 9th, by Rev. R. Hunt, Mr. Charles D. Law, of Penn'a, and Miss Josephine, eldest daughter of Dr. F. V. Clarkson, of Millerton.

McDOWELL—THACHER. June 14, by Rev. D. D. Cunningham, assisted by Rev. W. M. Rice, D. D., Francis Buck DeDowell, M. D., and Miss Eunice W. R. Thacher, both of Philadelphia.

RICHARDS—VAN SYCKLE. June 2d, by Rev. John Burrows, assisted by Rev. P. O. Studdiford, D. D., John C. Richards, M. D., of Lock Haven, Pa., and Miss Carrie Van Syckle, of Milford, New Jersey.

SAVEY—BELCHER. June 15th, by Rev. A. H. Seeley, Mr. Wm. E. Savey and Sarah Louise, youngest daughter of Dr. Wm. N. Belcher, of New York.

WALTON—YOUNG. June 16th, at the residence of the bride's mother, Pittsburgh, by Rev. J. H. Young, George E. Walton, M. D., of Cincinnati and Marion, daughter of the late Wm. Young.

DIED.

BETTON—In this city, near Chestnut Hill, June 24th, J. A. Duncan, son of Dr. T. F. and Olivia Betton, aged 16 months.

LYMAN—In Royalton, Vt., June 19, Dr. D. L. Lyman, aged 66 years.

METEOROLOGY.

JUNE.	13,	14,	15,	16,	17,	18,	19.
Wind.....	S. E.	S. W.	S. W.	S. W.	W.	S. W.	W.
Weather.	Cl'dy	Clear	Clear	Clear	Clear	Clear	Clear
				Sho'r			
Depth Rain				5-10			
Thermom....							
Minimum..	62°	68°	64°	65°	64°	64°	70°
At 8, A. M.	72	76	76	73	70	75	82
At 12, M...	78	81	85	80	76	83	87
At 3, P. M.	81	81	84	81	78	85	88
Mean.....	73.25	76.50	77.25	74.75	72.	76.75	81.75
Barometer..							
At 12, M...	30.2	30.1	30.1	30.1	30.1	30.1	30.2

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 698.] PHILADELPHIA, JULY 16, 1870. [Vol. XXIII.—No 3.

Original Department.

Communications.

HISTORY OF A REMARKABLE CASE OF SPERMATORRHŒA—MEDICINES FAIL—CASTRATION—ITS PECULIAR EFFECTS.

By Edward Cass, M. D.,

Of Dresden, Ohio.

In the month of March, 1861, in the adjoining county, Coshocton, this State, I was called to see a young man in a very melancholy condition. I found him in bed, and so prostrated as to be incapable of the least exercise. His age was 32 years, light complexion, about five feet, five inches in height.

He gave the following history of his case: When about 16 years of age he was apprenticed at shoe-making. He discovered for the first time one afternoon, while busily at his work, something discharging through the urethra. On examination he found a "whitish, watery discharge."

Periodically it occurred every day while at work. He mentioned the trouble to his employer. Not having any other way of maintaining himself he adhered to the apprenticeship. His health became seriously involved. He applied for medical aid, and read medical works on the subject himself. Everything failed in having the least beneficial effect. Years passed away, until he was 30 years of age, when he sought and found a location in the city of Cincinnati, in a book store.

While there he applied to some of the leading physicians, but all their prescriptions were powerless to help his condition. Cauterization of the membranous portion of urethra was performed, and Lallemand's treatment followed strictly. He returned home, obliged to give up his clerkship (which he was much attached to, for he was fond of books, and it was remarkable how well he educated himself by reading), giving up in despair all hope of recovery.

At about this time I first saw him; he was much emaciated, an indescribable restlessness haunted him, fluid semen discharging, once, twice, or three times during sleep. He had, in a well written letter to our distinguished surgeon, Dr. Russell, of Mt. Vernon, appealed for surgical aid, castration, or any remedy he would advise. The Dr. sent him a prescription, and reflected somewhat on his morality, telling him to leave off the *cause*, take the prescription, and he would recover. He appealed likewise to my friend, Dr. C. C. Hildreth, of Zanesville. He never had erections in his life, nor did the ejaculation of semen produce the least sensation approaching orgasm.

Possessing naturally a bright intellect, and having devoted himself to reading, it was pleasing to note his fluency of speech, and good command of language; and when I told him the *experimentum crucis* was castration, he made one of the most beseeching and eloquent appeals I ever heard from a poor distressed mortal. The next day I called, accompanied by my friend Dr. Lemert; administered chloroform, and after the operation of castration had been performed, and the patient passed from the influence of the anæsthetic, he felt cheerful, and the prospect of recovery made him quite satisfied with his emasculated condition. Next day my friend Dr. Lemert visited him, and gave this singular account of his ejaculatory muscles: About 4 o'clock, while in a dreamy state, the "muscles went through the motion"—as by habit, a small discharge fol-

lowing. The day following I visited him, and he told me the same thing occurred at precisely the same time. We visited him alternately for two weeks, when everything seemed favorable for his recovery. A year elapsed when the *sans-testes* patient came into my office looking well, and happiness complete, with the exception of a little cloud that he wished dispelled. Since the loss of the testes, and his rapid recovery of health and strength, he was now "troubled" with vigorous erections, coupled with a desire for female society. These conditions had been strangers to him all his life until now. He entertained the idea of matrimony. A young maid he had in view, whom he knew was pleased with him. I told him to decieve no one, but first tell of his physical deficiency. He did so, and was accepted on understanding grounds—was married. And now eight long years have passed away, and if there are any bickerings, and dissatisfactions, the neighbors are "none the wiser;" but of whatever responsibilities they have to bear, there are none in *infant* human shape. They had fully resolved that progeny should not be a *sine qua non* to matrimonial felicity, and they are now living witnesses of the fact.

Remarks.—This patient, whose history I have rapidly sketched, was religiously inclined from his early childhood until the time of his trouble—was healthy and bright in mind. No person, for a moment, who would have seen and conversed with him at the time of his sore affliction, and having his denial, would have accused him of bringing on his abnormal condition. (A caution to medical men who jump at the conclusion that there is only *one* cause for spermatorrhœa.) Remarkable that this man, who, all his previous life, was lost to virile power, should, when emasculated, have venereal propensity. All physiologists revert to sperm as the controling and exciting cause of such animal propensities; but when sperm is *non est*, and especially its absence restores a lost *tone*, this is unrecorded and unaccountable.

RESEARCHES INTO THE PHYSIOLOGICAL ACTION OF MEAT BROTH, MEAT EXTRACT, AND THE POTASSA SALTS OF MEAT.

By Dr. E. Kemmerich,

Reviewed in the Med. Chir. Rund-schau, by Sigm. Exner, from Archiv für Physiologie v. Pflüger, Jhg. II. Heft. 1.

(Translated by Dr. Erstein, 57 Everett street, Cincinnati, Ohio.)

Since the invention of the extract of meat by Liebig, there has been much discussion, pro and con, about its physiological action and nutritious value. Although the practical use which is generally made of the invention seems to speak in favor of its great importance, still it is not to be denied that we have waited in vain, hitherto, for the experimental demonstration, that the extract is really capable of replacing the valuable nutritious parts of meat.

The author proposed to himself to answer this mooted question experimentally, and in the course of his researches, which were extended beyond the contemplated limits, he arrived at results which seem to be of the greatest importance, both theoretically and practically.

It is well known that Liebig's extract, as well as the common broth of meat, consist essentially of two kinds of chemical substances, viz: mineral salts, mostly of potash, and extractive matters of meat.

From former investigations of Liebig, it was known that meat-broth is essentially promotive in the formation of the blood and tissues, and exercising also an exciting influence upon the activity of the heart.

Claude Bernard and Traube, after investigating the physiological action of the salts of potash, promulgated the opinion that these have an essentially retarding influence upon the activity of the heart.

To harmonize the opinion of these gentlemen with the experience of Liebig about meat-broth, it is necessary to assume that the extractive matters of the broth act acceleratingly upon the pulse, while the potash salts act as promoters of the building up processes, an assumption which found many advocates.

The present researches exhibit the doctrine of the action of the potash salts, as well as that of meat-broth, in an entirely different light.

And first, as to the action of meat-broth:

The author took 5,000 grms. (about 8¾ pounds), of horse meat, and after clearing it carefully from its fat, produced about 150 c. cm. (about eight cubic inches) broth from it. Introducing 30–50 c. cm. of this fluid, by means of a catheter, into the stomach of a rabbit, the animal died in consequence of it within 2 hours, under the symptoms of cardiac paralysis.

From the moment this fluid is received into the stomach of the animal, to its death, two stages can be clearly distinguished in its condition.

In the first stage, the rabbit is lively, the frequency of the pulse and the respiration is augmented, the former (in experiment 1) from 240 up to about 400, the latter from 120 to 180.

In the second stage the animal seems tired; it lies flat upon the ground; hangs down its head; its ears and entire skin become cool; the pulse diminishes in frequency: and the respiration becomes irregular. While the pulse becomes gradually slower and weaker, the animal dies, usually in slight convulsions.

Pure meat-broth, in sufficient quantity and concentration, acts, therefore, as a poison, and very likely by arresting the activity of the heart.

When meat-broth is administered in a quantity which is not sufficient for intoxication, (and prepared from 500–600 grms), it is remarkable that it produces only the stage of excitement, and no diminution of the frequency of the pulse, below the normal, is to be observed, even long after its administration.

The author now turns his attention to find out that substance which is dissolved in the broth, and which possesses the poisonous qualities described. In accordance with prevailing views, he expected, indeed, to find that substance in the extractive matters of the broth, but became convinced soon that he was on the wrong track. His conviction was founded upon the following experiment: A portion of the broth, which was experimentally ascertained to be sufficient for killing a rabbit, was now thickened down by evaporation, and the residue submitted to a glowing heat. In this way all organic extractive matters were destroyed, and that which remained was found to be mostly salts of potash. These now dissolved in water, and introduced into the stomach of a rabbit, killed the animal under the exhibition of the same phenomena observed when killed with the meat-broth.

After this experience, the author made an experiment with pure salts of potassa (chloride of potassium and nitrate of potash), and not only on rabbits, but also on the human being in smaller doses (1–2 grms). This experiment showed the opinion of C. Bernard, Traube and others, to be based on error, for *the salts of potash, administered in proper doses, do elevate the pressure of the blood, and increase the frequency of the pulse, without subsequent retardation below the normal, even after hours.*

After relating these interesting experiments with those parts of meat which are soluble in water, cold as well as warm, and which form a part of meat-broth, the author proceeds to relate the experiments which he instituted for the discovery of the nutritious value of those parts of the meat which remain as the so-called meat-albuminates, or meat extract residues, after all the soluble substances have been removed from it.

Liebig maintained that these had no nutritious value—that animals perish when fed on them.

Now, since meat, *in toto*, does possess a high nutritious value—and yet this cannot be either in the residue of meat (after the extract is prepared from it), nor in the soluble mineral salts—it seemed indeed most probable that this most valuable property should be found in the organic extractive matters, as Liebig also thought. [Against this supposition, however, objections could have been made long ago.—Reviewer.]

The author demonstrates that these meat residues, *in conjunction* with the inorganic salts (of potash mainly), do indeed possess such a high nutritious value, that they are perfectly sufficient for the maintenance of an animal.

He fed two young dogs for three months, upon nothing else than those meat residues, three times boiled and pressed out, to which were added that quantity of the salts which, by previous analysis, were ascertained to belong naturally to the portion of meat used in the experiment. On this food the dogs were fresh and lively, and nearly doubled their bodily weight.

Still more striking was the influence of the potash salts on the nutrition and growth, demonstrated by the following second experiment:

Two dogs, six weeks old, both of nearly the same weight, were both fed daily, with an equal quantity of meat residue; the one, however, received, in addition, a certain quantity of common salt, while the other received, besides, a small quantity of the same salt, also a corresponding quantity of meat broth salts. After the lapse of 26 days the first dog increased his weight to about 810 grms. only, was very much emaciated, and so exhausted that he could hardly walk, while the second dog increased his weight to about 2,085 grms., appeared well nourished, fresh, and lively. The author then reversed the experiment in the following manner: The weak dog, which had received chloride of sodium in his food hitherto, received the salts of meat broth with

his meat residues, while the dog which hitherto received the salts of potash, got now common salt only in their place.

The result of this experiment was, that the dog which was now fed with the salts of meat broth, and which was lighter than his fellow by 1,160 grms., got 160 grms. of bodily weight ahead of his fellow in 31 days.

These experiments gave also some other interesting results incidentally. Thus, the author shows that of all the salts contained in meat-broth, it is the salts of potash alone which produce that striking effect, for in the above-mentioned reversed experiment, he gave the dog which received common salts, also all the other salts obtained from meat-broth, except those of potash. We have seen that this had no promotive effect upon the nutrition of this dog, wherefore the good state and the rapid growth of the other dog must be ascribed to the salts of potash alone.

It showed itself, furthermore, that the increase of the weight of the dog, which was fed with the salts of the meat-broth, was at once stopped, when the mentioned small quantity of chloride of sodium was withheld; hence the inference that the chloride of potash of the meat-broth could in no wise replace the chloride of sodium. This is an important index, pointing to the important part which the common salt, ingested with all our food, plays in the nutrition and regeneration of the tissues of our body.

The post-mortem examination of the animals experimented upon, showed always the reduction of the fatty matters to a minimum, and the muscles of those fed upon the salts of potash to be most strongly developed, so that there can be no doubt that the rapid increase or diminution of the bodily weight, according to the different food given, depends almost entirely upon the increase or diminution of the muscular tissues.

[It seems to us important not to overlook that we have here to do with tissues *in the process of growth*; that the experiments so highly interesting, *per se*, do accordingly show only that the salts of potash are indispensable for the *formation* of the muscular substances; but we must not transfer the attained results all at once to the state of the muscles in the adult animal, for it is possible that substances which are absolutely important for the formation of the muscular substance may play no part at all in the production of the work which the muscles are to accomplish, or in their regeneration after exhaustion. Further experiments must yet be instituted in order to ascertain whether the salts of potash do essentially support the muscles in their working ability, or whether this is altogether conditioned upon them.—Reviewer].

The author finally adduces experiments which go to show that Liebig's extract of meat *alone*, has no nutritious value. He let two dogs fast, and while giving the one water only, he gave the other, besides this, also a small quantity of meat extract. After five days the bodily weight of the first diminished to about 110 grms., and that of the second one to about 172 grms.

In a similar second experiment, the perfectly fasting dog lost, after 12 days, 492 grms., and the one fed upon meat extract lost 574 grms. The last dog died at the expiration of that time, while the first one, after being supplied abundantly with food, was completely restored in four days.

It follows from this, that Liebig's extract of meat, in the absence of other food, does not only not help the maintaining of life, but very likely hastens on the end of it, in consequence of the heightened activity of the change of matters (erhöhten stoff wechsels), and the more intensive work of the heart, which we have seen the use of it does produce.

THE ALBANY COLLEGE MUSEUM.

By T. D. Crothers, M. D.

Medical Museums in this country are fast rivaling those of the old world. Many are superior in some respects, although none are over a half a century old. Among the most rapidly growing, and largest, may be noticed the Army Medical Museum at Washington, and the Albany Medical College Museum at Albany, N. Y. As the former has had frequent mention in the Reporter and other journals, we propose to describe a few of the specimens of interest in the latter. This museum, of the Albany Medical College, has the largest collection in Osteology in America, (if not in the world). Of

FRACTURES

alone there are over seven hundred specimens, besides numerous models and casts of all the rare varieties at other museums. In this collection are examples of every kind of fracture; impacted and non-impacted; intra-

capsular and extra-capsular; compound and comminuted; with bony union and without; distorted and straight. The largest number are of the fore-arm, and leg below the knee, showing that these parts (most exposed), are oftener injured in civil life. The late Dr. Alden March made a collection of one hundred and twenty-eight specimens, illustrating diseases of the hip joint, and fractures of the neck of the femur. This collection has thrown more light on the pathology and treatment of both fractures and diseases of this joint, than the literature of a century. Many of these specimens have been the subject of sharp debate, and have called out valuable papers. One of the best known specimens of this collection has a curious history, as follows: No. 884 was procured from the curator of the old London Hospital Museum as a good example of bony union within the capsule of the neck of the femur. Good judges in London, Paris, and Edinburgh, pronounced it a complete specimen of fracture, and bony union within the capsule. It was exhibited to nearly all the leading surgeons in this country, and was thought to settle the question beyond a doubt. Two of the ablest surgeons in America examined it critically. One of them wrote: "While it was plainly enough a fracture, there was no reason to doubt that it might be both within and without the capsule." The other surgeon gave no public opinion. Some years ago a country surgeon, while comparing it with some specimens of his own, noticed its lightness; on examining it closely, behold, the entire head of the bone was found to be plaster of Paris ingeniously united to an old shaft! Specimen No. 1,380 has the following history: J. H., In delirium, sprang from the third story window, falling upon a pile of lumber, fracturing the femur at the lower third, and forcing the fractured end through a plank; fractured again, leaving about two inches remaining in the plank. He survived the accident about three hours. The collection of distorted

SPINAL COLUMNS,

twenty-two in all, is very rare. Many of them were procured by Dr. March from the valleys of Switzerland. They illustrate deficient earthy matter and softening of the bones, which often follows want of sunlight and improper food. The distortion in some cases is so great that life seems a marvel. Yet a history of some cases speak of life as continuing many years in that condition. In one of the specimens the sternum and floating ribs fall over, and press the pubis. In others they are turned laterally, resting on the sacrum. The spine is bent at right angles, or like the letter S. Such collections are common in Europe, but rare in this country. The collection of

SKULLS,

one hundred and fifty, or more, exhibit diseases of the bones, and fractures with various weapons. Some are specimens of trephining with recovery. No. 954 is a remarkable example of syphilitic caries. The entire skull is involved, looking like a honey comb or coral. No. 955 is an extensive exfoliation of os frontis and parietal bones, leaving a thin plate—almost gelatinous—from the same subject. No. 475 was procured in Paris. The temporal and parietal bones, together with lower jaw, were carried away by a shell during the revolution in 1830. The patient survived a few hours. No. 1,109 was dug up on the field of Waterloo in 1848. The upper part of the bone was broken, and a solid ball, two inches in diameter, found in the centre, together with a net work of roots from a tree, which had wound in and out of every cavity and foramen. The

DRIED MUMMY

of the once celebrated Dr. Calvin Edson, is worth a note. At one time he was a successful practitioner and a man of some talent; but misfortune followed, and a remarkable emaciation came on. He exhibited himself as the living skeleton, and continued in good health up to within a few days before death. His body he donated to the college, to be kept on exhibition, as near the condition of life as possible. It was embalmed, and although discolored, remains the same. Near by, we notice Prof. McNaughton's collection of

GIANT SKELETONS,

Five in number; all over six feet high. They are called by the students, "*Highland Brothers.*"

TUMORS AND CANCERS

number over seven hundred, of all varieties and descriptions. They are catalogued with a short history of each. A larger part of them belong to the "Dr. March collection." No. 1911 is an ovarian cyst, from a *post-mortem*—where the patient was supposed to have dropsy—measuring twenty-eight inches in diameter.

In an adjoining case are accident specimens of arms and legs, with other crushed and bruised parts of the body that have been amputated. No. 959, is the testicle, scrotum and penis, with six inches of the spermatic cord torn away, caused by falling on a revolving shaft. The perinæum was laid open and the intestines exposed. The patient recovered and is living yet.

Among the casts is one of a tumor on the lower third of the femur, measuring three feet in diameter. Another of a man yet living, with a fatty tumor about the neck, 38 inches in circumference, on a level with the chin. In the gallery Prof. Armsby has a collection of 200 casts of stumps of different wounds which occured during the war. And the college collection of Natural History, consisting of stuffed birds and animals, from the elk down in the scale; this, with a cabinet of military missiles and relics of the war, and Prof. Emman's collection of 300 phrenological busts, fill up the room. Among the numerous preparations of the body is one in which the nerves are dissected and fastened to a blackboard. This embraces all the principal nerves, with the spinal cord, and is considered a great feat in dissection. Prof. Armsby's gallery consists of 384 engravings of nearly all the medical celebrities from the time of Galen down. Many of them are rare, and do not exist in any other gallery. Besides the several hundred wax models and casts, imported from Europe, there is an immense collection of curiosities deposited by medical men, uncatalogued and unnumbered. The whole number of specimens catalogued is 3,549, which, together with those deposited, would swell the number to 5,000 and over. And all this has been gathered within a period of thirty years.

RHEUMATISM—EXTENSIVE ORGANIC DISEASE OF THE HEART, WITH RUPTURE OF THE ORGAN; POST MORTEM EXAMINATION, ETC.

By Wm. P. Rodefer, M. D.,

Of New Market, Tenn.

Late Surgeon, A. M. D., U. S. A.; in charge G. M. Hospital, Knoxville, Tenn.

John H., æt thirty-four years, a carpenter by occupation, came under my care on the 7th day of January, 1867, laboring under the usual symptoms of sub-acute rheumatism, which involved, chiefly, the joints of the right knee and ankle, and the intercostal muscles of the right side of the chest.

The patient does not remember to have had any rheumatic affection previous to this attack, though his general health has never been good, owing, as I conceived, to a well-marked scrofulous diathesis, manifesting its existence in enlargement of the cervical and sub-maxillary glands and extensive ulceration of the vomer, which conditions have continued for a number of years.

The attack of rheumatism seemed to yield readily to the influence of the wine of colchicum, prepared from the recent root, in combination with the iodide of potassium and morphia; and under the use of these remedies, in conjunction with a solution of permanganate of potassa (one-half grain to one ounce of water), which was thrown into the nostrils freely thrice a day, by means of a syringe, the ulceration of the vomer rapidly improved, and at the end of three weeks the patient reported himself at my office as almost entirely well. He was directed to continue the use of the prescription which I had previously given to him, and in addition thereto, to take three drachms of the cod-liver oil of Messrs. Hegeman & Co. three times a day. From this period I heard nothing more of the case of John H. until after my return from the city of Philadelphia, whither I had gone to spend a portion of the fall and winter in the prosecution of the study of anatomy and of physical diagnosis, in February, 1868, when I was again called on to prescribe for a similar attack of rheumatism, involving the joints of the ancle and knee, and the intercostal muscles of the right side of the body.

The patient informed me, on the occasion of this visit, that for three weeks he had suffered much from wandering pains in the cardiac region, and from "shortness of breath." The knowledge of the existence of these symptoms led at once to a thorough examination of the chest, the record of which, as taken from my case book, is as follows:

Inspection discloses some arching of the præcordial region, with marked and almost entire obliteration of the left interspaces from the fourth to the seventh or eighth rib; the impulse is increased in extent with its maximum just below the nipple and somewhat to the left; the action is somewhat slow, except under exercise or excitement, laborious and heavy; systolic murmur, with its maximum

near the base of the heart, is distinctly observed in the carotid region: on close examination, a diastolic blowing sound, with its maximum just below the base, and at the left border of the sternum, is heard, the sound being musical, but somewhat rough in character. Percussion elicited marked dulness in degree, which extended from the second to the seventh intercostal space.

The patient, being anæmic, he was put at once on the use of the wine of colchicum, iodide of potassium, and morphia, in combination, in conjunction with the syrup of iodide of iron, thrice a day, and counter-irritation by means of flying blisters, was kept up over the cardiac region. Strict quietude and the avoidance of all sources of excitement, as well as of manual labor, were forcibly enjoined.

With this treatment the patient, who reported from time to time at my office, seemed again to improve, the rheumatic symptoms subsiding and the strength gradually increasing, until the afternoon of the 2nd of April, 1868, at which time, after getting up from a hearty dinner, he walked out to his wood pile, saying he believed he was well enough to go to work. He cut off eight or ten pieces of wood, when he started to return to his house, some thirty feet distant, but fell at the door of the house, and was carried to his bed in a state of syncope.

On reaching the bedside of the patient within fifteen minutes after he was carried into the house, I found him extremely prostrate, the pulse frequent and very feeble, the whole surface of the body bathed in cold perspiration, and the patient complaining of excruciating pain all over the region of the heart, and the most intense nervous excitement that I have ever witnessed. Under the use of moderate stimulation, the liberal exhibition of morphia, and the free application of sinapisms at various points, the patient rallied well; pain was subdued, and at the expiration of an hour I left him comfortable, with strict injunctions to observe the utmost quietude, and in no event to attempt to rise from the recumbent posture. Three hours after this visit I called again at the home of Mr. H., and found him resting comfortably, entirely free from pain, and with a desire for food. My previous directions were forcibly repeated, the danger of any attempt at exertion pointed out, and, after the administration of a small dose of morphia, I left the patient for the night.

At one o'clock, A. M., of the succeeding day, I was hastily summoned to Mr. H., and, on arriving at the house, I learned from the attendants that he expressed a desire for some chicken broth, and while it was in process of preparation he attempted to sit up in the bed, but at once sank back, exclaiming, "Oh! my heart," and immediately expired.

Sectio Cadaveris, twelve hours after death. Rigor mortis well marked. On inspection of the thoracic region, although the patient was a man of a spare habit of body, the intercostal spaces were found to be obliterated, and there was marked bulging of the left side. The entire surface of the body was highly marked by the "paleness of death," and emaciation was complete. After inspection, incisions were made in the usual way; the flaps were dissected up, and the sternum, with a portion of the costal cartilages, was removed. The pericardium was found to be greatly distended, and occupying the entire front of the left lateral region of the chest; on puncturing the sac, there flowed out some sixteen ounces of bloody serum, followed by a large quantity of partially coagulated blood. A ligature was thrown around the vessels, and the heart being separated from its attachments, was entirely removed.

The lungs were found to contain, at their apices, and along their superficial borders, numerous tubercles in their primitive state. Near the middle of the left, imbedded in the lung tissue, there was found a calcareous substance the size of a No. 4 shot. The organs otherwise presented nothing abnormal, except in the attenuation and displacement downward and backward—owing to the presence of the distended pericardium—of the left lung.

The stomach was distended with flatus, having the smell of sulphuretted hydrogen. The spleen was enlarged to twice its normal size, indurated, and much congested in its lower portion. The liver was entirely normal in appearance. The remaining viscera were not examined.

The important viscus, the heart, was then taken to my office, and a minute examination made of its pathological condition. In this, as well as in the examination of the entire case, I was kindly assisted by my friend, Dr. S. M. Burnett, of New Market.

This specimen could not fail to strike the observer with profound amazement; it seeming impossible to conceive of an organ so seri-

ously and extensively diseased in every part. Indeed, after an examination of it, the inquiry would be, not, why did the man die, but, how could he live? The measurement in its longitudinal diameter exceeded five and a half inches, and in width, it reached one-third of a foot. The tissue was soft and flabby, totally unlike the firm substance of the human heart; the weight was over seventeen ounces. The aorta contained an embolus one inch long and three-fourths of an inch in thickness, and several semi-organized clots were found in the left ventricle of the heart. The aortic valves were much thickened, cartilaginous to a considerable extent, and studded with deposits resembling calcareous substance. The sides of the valves were adherent to a great extent, and the opening much diminished in size. The mitral valves were also thickened and indurated, and at some points completely ossified; the sides were united so as to form a funnel-shaped cavity with a slit at the bottom, presenting a beautiful specimen of what has been termed the "button-hole contraction." The walls of the left ventricle were greatly thickened, while those of the right were exceedingly thin, soft, and covered with fat. Two ruptures were found to exist, one an inch in length, the other somewhat less in extent; the former on the right side, near the junction of auricle and ventricle, and the latter somewhat lower down in the ventricle. The entire heart was covered with a perfect mass of fat, so as to be encased, as it were, in this substance. A rupture of one of the coronary arteries also existed. This specimen is interesting to the pathologist:

1st. On account of the large number of lesions which were present, comprising nearly all embraced in the catalogue of cardiac diseases, consisting of pericarditis, endocarditis, softening, fatty, and calcareous deposits, valvular disease, giving rise to both regurgitation and obstruction, thickening of the walls of the left with dilatation and thinning of those of the right side; of the presence of emboli in the main vessel and of the semi-organized clots in the ventricle.

2d. The entire absence of dropsical accumulations, the usual accompaniment of regurgitation and obstruction, and the occurrence of fatty deposits and degeneration at so early an age—authorities stating that it rarely occurs in males under fifty years of age. It was neglected to state, at the proper place in this report, that the walls of both the right auricle and right ventricle were reduced to extreme thinness, and apparently, almost entirely fatty; hence the ease with which a rupture could occur in the substance of these parts.

The cause of immediate death in this case was unquestionably rupture of the heart; and this rupture, in the opinion of the writer, was caused by the obstructive and regurgitant lesions of the aortic and mitral orifices, whereby the left ventricle and left auricle became overrepleted from regurgitation of the blood, and obstruction to its flow, and successively the right ventricle and right auricle were enlarged, and their walls became distended and thin—the rupture readily taking place on account of the extreme fatty degeneration. In this connection the enlargement of the spleen might be accounted for by the backward flow of the blood, causing fullness and consequent increase of size, admitting the theory making the function of the spleen that of a diverticulum.

Hospital Reports.

PHILADELPHIA HOSPITAL.

June 1st, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Gentlemen:—I first bring before you to-day a constitutional and chronic member of this institution. He has received admittance here fifty-four times. This man was before you at my last clinic for stricture at the unusual site of the posterior portion of the membranous urethra. You will remember that I ruptured the stricture with a dilator, and afterwards passed a number fourteen sound. You see the readiness with which a similar-sized instrument is introduced to-day. As I told you before, to ensure success, a sound of the calibre of the man's urethra must be passed one or more times a week as long as he lives.

The second case I bring before you, is a man whom you have before seen in this ampitheatre. He had an inflammatory chancre, which after five months neglect had nearly destroyed his penis. As a result of our treatment (case previously reported) the stump of the penis has entirely healed. With what is left, I have no doubt that this man will be enabled to effect copulation. When congested with blood, the nature of this part is such, that it distends to a

remarkable degree. Bear this fact in mind in some amputations of the penis for cancer, etc.

Pelvic Abscess.

The woman before you is a German. When I first saw her in the wards of the hospital, she had a circumscribed swelling of the size of an orange in the region of the inguinal canal. The protuberance had a doughy, semi-elastic feel. To-day this swelling looks more supple-like and pointed. Superficially there is a loss of structure in the shape of a small ulcer. The parts around are very dense and hard, and the skin is congested and discolored. Now this may be a simple or a glandular abscess; a cystic tumor; a hernia with omentum; pelvic or psoas abscess, common in parturient women; a hematocele; or, finally, it may be a maligiant growth. See what an extent of knowledge is required to make perfect from exclusions, and correct from diagnosis. We will cautiously dissect down and see the nature of this growth.

[Dr. MAURY carefully dissected away the skin and fascia, and while endeavoring to enucleate the growth and tear away some of its deeper adhesions, it burst at its summit, discharging a creamy, tenacious pus. Exploration of the sac showed that it extended deep within the pelvis. The edge of the ulcer was carefully pared, the opening of the abscess enlarged, and the woman directed to be placed in the position most suitable for draining the sac. Being old, and much emaciated, the use of any cauterant or irritant injections into the sac was prohibited. The woman was placed upon tonics and appropriate diet.—R. M. T.]

CINCINNATI HOSPITAL.

May, 1870.

Medical Clinic of C. G. Comegys, M. D., member of the staff, and Prof. of Clinical Medicine in Medical College of Ohio.

(REPORTED BY J. W. HADLOCK, M. D.)

CASE III. Clara Fisher, æt 48. German; married. Entered the house March 19. From the account by the husband it is ascertained that she has been complaining for six months past of headache. Three months ago they began to observe that she frequently lacked words to express her ideas, and, besides, seemed to suffer more or less mental derangement. During her "critical period," two years ago, she had attacks of menorrhagia. No paralysis had been observed in her movements until recently.

Present Condition.—An anæmic emaciated woman of medium height; face slightly flushed; temperature, 98½°; respiration, 18; pulse, 68, full and strong. Tongue, furred; protruded with difficulty; no deflection; fair appetite; incontinence of feces and urine. No loss of mobility of the eyes; pupils normal. The mouth is very slightly drawn to left side. Paralysis of right arm and leg; some rigidity at times of right arm; can walk when assisted, but the right foot lags a little. No loss of sensation in right side.

The patient could not answer questions by speech—could not tell her name; but could assent by nodding when it was announced. So she would, by nodding or shaking her head, give some intimations of comprehension; but not always correctly. Nothing abnormal in chest or abdomen.

Diagnosis.—The variable conditions of intelligence and faculty of speech since she was first observed to be sick, and the slight hemiplegia now existing, whilst the functions of the other cephalic nerves seemed to be intact, led us to locate the lesions in the left corpus striatum, and anterior and cortical portion of the left cerebral lobe.

Treatment.—To have a hypodermic injection of 1-60 gr. of strychnia once a day; house diet, and to be slightly exercised in locomotion.

Progress of the Case.—On the 21st, the second day of the treatment, the patient was far more rational; could articulate better and answer a few questions hesitatingly; has retained the feces and urine; walks with difficulty; temp., 98°; pulse, 72; respiration, 18; same puffing expiration.

25th.—Incontinence has begun again. Temp., pulse, expiration, unchanged. 31st.—No especial change in any particular; ordered dry cups to spine. The injections of strychnia have been continued regularly; the pulse, temperature, and respiration were not abnormal at any time.

My term of service expiring on the first of April, she came under charge of Prof. Murphy. The records show no change of moment for fourteen successive days. After that she began sinking; on the 18th of April the pulse was rapid; increased temperature; puffing expiration; unconscious. She died on the 19th, one month after entering the hospital.

Autopsy by Dr. Carson.—The examination was made with great care, which I condense from the register on account of its great length.

The skull was everywhere very thin; the anterior meningeal artery is covered by the external table only. The bone is softened, rough, and blueish, to an extent of three-quarters to one and a quarter inches at the juncture of the left temporal with the parietal bone; other patches like this are found at the junction of the sagittal and coronal sutures. Dura matter corresponding to these spots ecchymosed and perforated at one point. On cutting through, the membrane was found adherent to the anterior left lobe, near the perforated point, and at contiguous points.

Surface of the brain in this locality presented great venous distension, a dark spot two by two and one-half inches exists firmer than surrounding tissue and without sulci. On making a section through the island of Reil and along the third convolutions of left hemisphere, half an inch beneath the surface, a tumor exists, occupying nearly all the lobe

two and one-half by two and one-fourth in size, covered by a thin lamina of brain.

The tumor is firm, very vascular, and coursed by tortuous veins; the general tint a dirty crimson. The adjoining brain somewhat softened on side next the longitudinal fissure. No material change elsewhere. On scraping a little of the cut surface and placing it under the microscope, large irregular cells varying in size, of the caudate, fusiform, and multilocular forms are found, with some fibrous structure also, and abundant granular matter.

The tumor does not extend into the island of Reil, but to the anterior border, with evident pressure on the left corpus striatum and on the third convolution. The left anterior lobe is much larger than the right one, showing how much the tumor had expanded the structure by its growth.

The tubercular opaque bodies found on the dura mater exhibit under the glass a large amount of fibrous tissue, but no cell growth.

Remarks. In this case we had neither complete loss of speech nor right hemiplegia; but all the impairment of speech and motion were connected with lesions in the usual locality. The island of Reil, however, is not injured, and the left corpus striatum is pressed upon only. The right leg dragged some in walking, and the right arm could be moved, but she had not much voluntary power there.

The aphasia had been noticed more or less for months, but yet there were moments of partial recovery at least; and her gestures were usually intelligent. The accommodation of the left anterior lobe to growth of the tumor, is noteworthy.

Her mental derangement which was observed at times is explained by the conditions and change found in the cortical portion of the brain, as well as in the loss of memory.

General remarks.—It is not difficult to recognize lesions of the brain, by observing the condition of function of organs supplied by the cephalic nerves; but to say with certainty what is the nature of the lesion is most often impossible. There are no symptoms yet recognized as pathognomonic of either structural, degenerative, or adventitious growths, as the same phenomena may exist in all. A clot or any disease limited to the cerebral hemispheres above the level of the ventricles need not reveal itself by any definite symptoms; and there may be no symptoms with a large abscess on the brain.

Persistent headache, vertigo, the absence of fever, paralysis in the function of cephalic and spinal nerves, associated with strumous, tubercular, syphilitic, or cancerous disease, may lead us to infer that a neoplasm exists, and more especially if there is a fairly nourished condition of the body; but I repeat, as the sentiment of the best writers, there are no pathognomonic symptoms of tumor, abscess, or softening of the brain.

From numerous observations, however, I may say that in conditions of softening there is more persistent blankness of expression of the countenance and mental hebetude than in tumor.

Post-mortem conditions do not always indicate what were the clinical phenomena in the observations recorded even a few days before death, because the structural degenerations are often so very rapid that they can only be connected to the moribund symptoms. In this way diagnosis made from inspections of organs may contradict, erroneously, the opinions entertained in the earlier observations of a case. Neither, because a tumor is closely identified with a nervous cord, are we to assume that anæsthesia or loss of motion existed in the parts to which the nerve was distributed; for adventitious growths, in these cases, as in many others, may not be so developed as to destroy tissue, and more especially as there are so many thousand strands of nerve fibre in every considerable nerve, the many of which may not be destroyed in function.

I will only add a few words in regard to the treatment employed. In the first case I used a seton by which I expected to excite a permanent and vigorous action of the vaso-motor nerves of the extreme vessels of the brain, and thus preserve, as for as possible, the capillary circulation on which the brain tissue rests. I have insisted now for several years that counter-irritation does not give relief by establishing a counter-disease, or by a drain of matter; but by irritating the sensory nerves of the skin excites, by reflex action, the tonicity of the organic muscles of the ultimate vessels, and thus invigorates the capillary circulation. In all stases or reduced conditions of the extreme circulation there is more or less paralysis of the muscles. No matter what agent is employed for this counter-irritation, blisters, electricity, sinapisms, stimulating lotions, moxas, ice or hot water bags, pinching, rubbing, etc., the effect upon the vessels is similar. An irritation applied to one portion of the nervous system is transmitted to another according to an accepted law. I used steadily the hypodermic injections of strychnia, because of the known dynamical properties of that agent for exciting the nervous centres, and so reach by direct action the muscular tissue of the extreme vessels.

There are usually portions of tissue about organic lesions which are only impaired in functional action by the irritation of the diseased part; it is our duty to endeavor to arouse functional activity again where it is merely in abeyance (though we expect temporary good only) that a degree of healthy action may be restored. In the case 1, the conditions were too extreme to obtain any amelioration, but in the other two decided improvement was manifested for some time.

We should never forget in clinical studies of cerebral lesions that they may be purely reflex in character. The multitude of commissural fibres explain this. Paralysis of vaso-motor nerves (produced by shock or remote irritation) connected with important centres, give by the resulting hyperæmia, or serous exurdation, notable changes in one or more faculties, all of which may be relieved by dynamic medication applied externally, or internally as before indicated.

UNIVERSITY OF PENNSYLVANIA.

June 1st, 1870.

Clinical Service of J. E. GARRETSON, M. D.

(REPORTED BY DR. DE F. WILLARD.)

Cyst-Succulent Tumor of the Face.

GENTLEMEN:—The case before us is one which, a few moments ago, I saw for the first time. I have as yet no diagnosis of it, but propose that we shall study it together.

Imprimis, we remark its size and position; it is illy defined, but I can map it from the centre of the lower lip in front, to the angle of the jaw behind; from the inferior boundary of the sub-maxillary triangle below, to the line of the commissure of the lips above. To the touch it is doughy, to the eye the parts look healthy, except a line about the length and breadth of a phalanx, which, as is readily seen, has the appearance of a great varicose vein.

This tumor, the patient tells me, made its first appearance thirteen years ago; up to four years back she had frequent attacks of pain in it. At that time a surgeon passed an exploring needle, since which she says it has never hurt her. Her desire to have it removed depends entirely on the existing deformity.

We may stop just here for a single moment to consider a fact which is, I think, a key to the diagnosis of tumors. If the members of the class will recall their clinical experience they will be struck with the basial truth that all tumors classify themselves under two general heads. First, tumors which are analagous. Second, tumors which are heterologous. That is to say, the first class, from anatomical situation, from continuity to certain parts, designate themselves as what I might be allowed to term physiological derangements.

The fatty, the sebaceous and the adenoid tumors, may serve as illustrations, or we may illustrate them by the hernial tumors, by the enlarged testicle of orchitis, by the protruding meninges in spina-bifida.

In all these cases, and in a dozen others, they are analogous. We are at once directed in our diagnosis, and almost without the possibility of erring.

The second class are without anatomical analogies. They are generally local outgrowths, as it were, of constitutional conditions, and they are set down by the materies morbi anywhere; such growths are commonly carcinomatous in character, or if not strictly so, may certainly be viewed with more or less doubt. You will be on the safest side if you view, and treat them, with the latitude given to cancer.

The tumor before us belongs to the second class; it has no anatomical explanation; that is to say, it has no anatomical date with which it accords. It is not an abscess, nor an adenoid tumor of the sub-maxillary triangle, because its upper border has no accord with such triangle; it is not an alveolar abscess, because looking into the mouth we find it without any dental association; it is not a sebaceous growth, for sebaceous tumors in this situation are loose and moveable, while this one feels flattened against the bone, or rather, indeed, as if the face of the bone constituted part of it.

To advance our diagnosis I will now use the exploring needle.

[On the withdrawal of the needle, and pressure being made over the tumor, a delicate stream of arterial colored blood was ejected a distance of ten feet.—DE F. W.] I scarcely expected this blood; where does it come from? It is hardly probable that my needle could have entered the facial artery, and yet it is possible. We will wait a moment and determine. If the artery has been struck, it will, of course, continue to bleed, and the parts will engorge; if it has not been disturbed, the parts will remain as they now are.

While waiting, however, I will re-introduce the needle from the inside of the mouth and make further exploration. In turning the needle about the base of the tumor, I seem to be breaking a very loose cellular bone; the body of the growth seems to be a single cyst; it is certainly minus any very resisting contents.

The tumor, you see, does not enlarge. I have not, therefore, struck any special vessel; the growth itself is vascular. We are getting, now, our diagnosis.

The tumor is a cystic growth; it is a blood tumor; not an aneurism, because it has no pulsation, and because it is not in any of the aneurismal positions. It belongs to the order "Telangosis;" it is a disease of the capillary vessels. When, however, I say the tumor is cystic, I do not commit myself to the assertion that it will be found to have a distinct cyst; indeed, I rather doubt this; such growths are very anomalous, and do not follow an exact rule. What I desire to be understood as saying is, that this growth will be found on dissection to be an analogue of the nævi; that it is an erectile growth, very vascular, and yet, if cut well outside of the capillary disease, may yield no more than the ordinary amount of hemorrhage. Our diagnosis,

then, is that we have, in this tumor, an erectile growth; that it may or may not be distinctly isolated or uncysted.

Our prognosis is, that it is capable of an easy and safe removal, and that the patient will make a speedy and comfortable recovery.

As the heteroclitic character of the tumor is concerned, it shows one of the exceptions of the class to the cancerous alliance; there is nothing malignant about this growth; it is a heterochronia of the vascular system, not the manifestation of a cachexia.

[Prof. Agnew entering the amphitheatre at this moment, Dr. Garrretson had the advantage of his assistance in the operation, which was forthwith commenced by making a curvilinear incision running from the symphysis to the angle of the jaw, being however entirely upon the neck; with the purpose, as remarked, of concealing any scar which might result. Carefully passing through skin, platysma myoides, and superficial fascia, all being found very much thinned, the sac of the tumor was reached, and from off which the flaps were dissected.

Toward the bone, the cyst grew more and more imperfect, while the face of the maxilla was converted into a cellular mass, quite as loose as the cancellated tissue of the head of the tibia. The mass seemed supplied by a single vessel of importance, and was removed without the use of a single ligature; Dr. G. remarking that it was a case which allowed him to exhibit to the best advantage the virtues of alum-water, this being used upon the mop-sponges exclusively.

After the removal of the mass, it was found so loose in structure, that, squeezing out the blood and juicy contents, the parenchyma was reduced to the size of an ordinary hickory-nut. It was then remarked that the tumor was of that kind which might be described as cysto-succulent, a very rare condition, particularly as found associated with the osseous structures. W.]

Enlarged Tonsils and Uvula.

The next case which I shall show you is that of a lad who presents himself for a difficulty of the throat, which he describes as annoying rather than painful. He is troubled with a continual irritation in his fauces, with a constant desire to expectorate a thick, tenacious mucus which collects there, and whenever the disease is aggravated by cold, he complains not only of soreness, but also of a difficulty of breathing, especially at night.

I look into his mouth to ascertain the cause of this irritation, and immediately discover two projecting bodies, one from either side of the fauces, between the anterior and posterior half-arches, and I immediately recognize them as enlarged tonsils.

These tonsils, as you will remember, are oval, or almond-shaped, somewhat rugose, glandular bodies, presenting a number of follicular depressions, the sides of which are surrounded by small, closed, spherical sacs, analogous to those found in Peyer's patches in the intestines, and which have walls of considerable thickness, lined by epithelium; these sacs contain a tenacious, grayish-white secretion, and sometimes open upon the surface; Some of them beneath the mucous membrane, though called glands, yet appear to belong rather to the absorbent than to the secreting-gland system, though they do indeed bear a certain generic resemblance to the ductless glands.

These tonsils are liable to become inflamed from various causes, but I will not stop to dwell upon acute tonsillitis, passing simply to say a few words upon the chronic hypertrophy or enlargement which we have in the case before us.

This disease is usually found in children, rarely, if ever, appearing after the attainment of puberty, and is almost invariably, some authors say, without exception associated with a scrofulous diathesis, yet, I think, it might occur from repeated attacks of tonsillitis, the frequent recurrence of which might end in chronic inflammation, effusion, and induration.

The enlargement is at times but slight, and the inconvenience proportionately trifling, but when they are so greatly hypertrophied as almost to touch each other at the median line, thus blocking up the entrance to the throat, then the distress, which is chiefly mechanical, becomes severe, and, at times, alarming, especially when surrounding tissues are likewise implicated. In these cases the respiration at night is loud and snoring, the voice is necessarily greatly altered; the hearing is impaired from pressure upon the orifice of the Eustachian tube, and the breath is at times very offensive.

Enlarged tonsils vary in color from red to a blueish tinge, and in density we find them of all grades, from a spongy mass, to that of an almost cartilaginous hardness.

This hypertrophy being an indication of a general constitutional taint, demands constitutional rather than local remedies, or, at least, they should be conjoined; yet both usually fail, producing absorption, when once effusion and induration has occurred, and our chief reliance must be upon general hygienic measures, in careful attention to food, clothing, exercise, etc. Cold sea-bathing I especially recommend.

In relation to medicines, the various preparations of iodine have, of course been largely used, and at times with apparent benefit, yet they are open to the objection that their use in some cases tends to a diminution rather than to an exaltation of vital power. When medication, however, is demanded, it is to be directed to the correction of any observable con-

stitutional defect or irregularity. Tonics are always useful.

Pressure by the finger, frequently repeated; puncture with the point of a bistoury, the application of any of the sorbefacients, very dilute gargle of the tincture of capsicum—any or all these means may bear local trial, but it is to be regretted that the promise is very little. Dilute tincture of iodine, or a solution of nitrate of silver may prove of benefit, and in Europe the local application of lily of zinc has received many praises. It is at first used as a solution of moderate strength, but afterwards in the pure, deliquesced state. All these remedies failing, however, as usually occurs, we are then compelled to remove the organs or at least a portion of them. For the accomplishment of this purpose various instruments, called tonsillotomes, have been invented, all essentially upon the same plan, *i. e.*, a ring to encircle the gland—a catch-pin to secure it, and a knife wherewith to make the section. The best patterns are those of Fahnestock or Physick, and with these instruments the operation is rapid and safe, even in inexperienced hands. In introducing the instrument the head should be firmly held by an assistant, either being unnecessary except in children. When the struggles are violent the tongue should be held aside by the depressor, and the gland quickly grasped in the fenestrum, a hook being sometimes necessary to drag it into its position. The catch-pin being now slid, a section can be made of any desired portion.

The presence of the instrument often excites violent gagging and retching, and it is therefore advisable to educate the throats of our patients to its use for several days previous to an operation.

Hemorrhage is usually slight, yet cases are on record when it has been severe and even dangerous; still, as a rule, there is no trouble from this source that a simple gargle of alum-water will not be quite sufficient to overcome.

Some surgeons prefer a hook and probe-pointed bistoury for making the section, yet it is only safe in practiced hands, and even then the sudden movement of the patient might incur the wounding of the internal carotid artery, which you know passes in such close proximity to the gland, and which accident would be a most unpleasant and serious complication to so simple an operation. In my judgment, therefore, it is always better to adopt the safer plan, especially as it is just as effectual.

[Dr. G. then removed both glands with the tonsillotome of Physic, and also snipped off a portion of the uvula, since it was similarly affected and elongated. The hemorrhage was trifling, and the lad was directed to simply protect the parts from sudden exposure to cold, for a few days. W.]

——Assistant Surgeon Edw. Curtis, Brevet Major U. S. A., has resigned, to date June 7, 1870.

Medical Societies.

MEDICAL SOCIETY OF PENNSYLVANIA.

Prof. Meigs' Address of Welcome.

Mr. President and Gentlemen—*Members of the Medical Society of the State of Pennsylvania*:

The members of the Philadelphia County Medical Society, and the physicians in general of Philadelphia, welcome you again to your labors, and with hearty good will, once more offer you the hospitalities of their city. It is their earnest wish that this, your 21st annual meeting, may prove alike pleasant and profitable in its results;—very pleasant to yourselves, through the harmony of its proceedings, and the opportunity which it affords for social relaxation and the interchange of professional thought;—very profitable to the community through your scientific labors.

With commendable zeal, and at the sacrifice of time and money, you have gathered together this day from all parts of the Commonwealth. From the populous and busy cities, from the thriving villages, from the sequestered and thinly-settled tracts of the Keystone State, you have assembled for the noble purpose of endeavoring to ameliorate the condition of sick and suffering man, by promoting through your individual and combined researches, our knowledge of the essential nature of disease, and the best methods for its relief.

You convene under remarkable circumstances, and in the presence of extraordinary issues. These issues have not sprung up in the bosom of the profession, but are steadily pressing upon it from without, as problems demanding solution. Whether it be wiser to discuss these problems now, or leave them to be solved by time, that great rectifier of all difficulties, is for you to determine. In arriving at your conclusion you will not forget, however, that medicine is duplex in its relations; that it is intimately connected with science, on the one hand, and with the endless cares, the wants and sufferings of humanity, on the other. Its fibres of connection and dependence run out freely into all the ramifications of science. In turn its ranks are pressed upon by all, and penetrated by many of the social movements of the day. The medicine of any particular age will always reflect the scientific and the social character of that age. Our profession must, therefore be constantly varying, continually suffering innovations from the progress of science and the fluctuations of humanity. The medical profession, though eminently conservative, cannot, does not, stand still. Your published transactions bear evidence of this. They show that your labors, whether directed to the scientific or humanitarian aspects of medicine, have a progressive character. But they also show that you have, in the main, been cautious not to confound speculation in science with true advancement in knowledge, nor to mistake mere social agitations for human progress. You have always distinguished between the silently but steadily advancing waters of the river carrying fertilization in its course, and the noisy waves which, flung upon its banks in consequence of some obstruction in its channel, recede again and are lost in the main current, when the obstruction is removed.

Never were caution and discrimination more required in your deliberations than at present. The *esprit du corps* of the medical profession, never

clearly understood, nor distinctly recognized by the public, is now almost wholly ignored. From the earliest time the profession of medicine has naturally and instinctively asserted its claims to be regarded as a peculiar calling in which the ordinary laws regulating the conduct of trade and commerce require modification. This conviction, after a long lapse of time, has found its expression in the enunciation of a series of ethical principles which, embodied in a written code, seeks to regulate the conduct of physicians towards each other, and attempts, furthermore, to define the reciprocal duties of physicians and the public. The Code of Ethics adopted by the American Medical Association may be regarded as the first attempt to define, in a general way, the consensual obligations which lie between physicians and the community. From this attempt has sprung up a curious feeling of antagonism between the medical profession and the community at large, which, though not aroused, is practically manifested in various ways. The public readily enough recognizes the principle of reciprocity of benefit as between itself and the medical fraternity, but completely ignores, to its own great injury, the mutuality of responsibility which is always associated with that of benefit. Although fully aware that in their very nature the services rendered by physicians differ wholly from the tangible and material products which constitute the basis of the ordinary occupations of life, such as the purchase, sale and transfer of property; the manufacture, sale and carriage of goods, etc.; it, nevertheless, insists that professional services, which are the intangible, immaterial fruits of skill and judgment alone, must be considered as purely commercial transactions, and, therefore, measured by the same standard of value. While it acknowledges that every physician, as a member of society, has rights of which he cannot be deprived and in the exercise of which he is entitled to remuneration for services granted to others, it still demands of the profession an unusually large consumption of time, and exhibition of skill in purely philanthropic undertakings, both private and public. It very properly demands of the physician skill, diligence and fidelity in the performance of his duty, but singularly enough, requires no apprenticeship, no previous qualification to deal with the complex phenomena of health and disease. It demands of the profession at large, and of medical schools in particular, a high standard of medical education, and yet practically repudiates all education by declaring through every day custom, and through its legislatures, that a physician is any one, whether graduate or not, who publicly announces himself to be a practitioner of medicine, and undertakes to treat the sick either for or without reward—the *prima facie* evidence of his professional character being found in the proof, merely, that he practices as a physician. It requires of the medical profession pre-eminent morality, and yet not unfrequently urges physicians, privately, to the commission of acts not only of doubtful propriety, but of positive criminality, and even endeavors, occasionally, to extort from them the public recognition of procedures well calculated to break down the barriers of propriety between the sexes—barriers already too much weakened by a variety of social circumstances. When the physicians of this city refused, in a recent instance to accept this false position, they became the target against which were mercilessly hurled the shafts of ridicule and misrepresentation. "Several journals in this city," to use the language of *The Public Record* of May 27, "publishing articles of a partisan, and, in some instances, of a personally malicious character, misrepresenting the nature of the question at issue, and seeking apparently to mislead and confuse the public mind in the matter." Although often ready enough to avail itself of legal actions for redress for malpractice, whether true or fancied, the public, through its legislative representatives, removes with unpardonable inconsistency, as much as possible, those wholesome restrictions which tend to diminish the chances of such malpractice. "There is a growing tendency in this country," very justly writes Prof. Ordronaux, "to abolish all restrictions upon the practice of the liberal professions, and to throw their doors indiscriminately open to the public. And the knowledge of this as a prejudice, favored by public opinion, has worked irretreivable injury to the profession of medicine, doing more than all things else combined to encourage irregular practitioners." In 1422 the British Parliament enacted, and this is regarded as the earliest statute relating to the medical profession, that "no one shall use the mysterie of fysyk unless he hath studied it in some university, and is at least a bachelor in that science. And if any one practice contrary to this regulation, he shall forfeit £40, and be imprisoned." In 1844 the legislature of New York repealed the statutory regulations in force in that State requiring, as a condition to the right of recovery for medical services, an attendance upon lectures, an examination before a medical board, and a certificate from an organized association. From the contrast offered by these enactments separated as they are by more than four centuries of time, it is evident that the large increase of individual liberty brought about by the advancement of civilization is not always compatible with the best interests of the community at large. In the case of your own organization, which entails no expense upon the commonwealth, confers no real privileges upon yourselves, and from which you derive no emolument, you all know how the efforts of your committees appointed to obtain a charter from the general government have entirely failed, the Supreme Court, on mere technical grounds, refusing the sanction of the government to earnest, thoughtful labors prosecuted for the benefit of the citizens of this State, at the cost of time and money, and patient research on your part.

In view of these facts—in view of the erroneous conceptions of the public in regard to the position, relations, and animating spirit of the medical profession, and having still fresh in your minds the unhappy proceedings of the late meeting of our National Medical Association in Washington, it seems not inappropriate to urge again that certain issues already alluded to shall not be admitted to discussion, calculated as they are, to become apples of discord in your midst, and to impair so decidedly the utility of your organization.

Thus far, though much has been done by it, your association has by no means accomplished all the good of which, if rightly conducted, it is capable. Though you have failed to bring the general public into accordant action with yourselves, you can still do much for the welfare of the community, through the promotion of medical science by a more systematic and harmonious direction of your labors. The conflict of personal and sectional interests so apt to spring up in an organization composed like yours, of representatives from all parts of the State, must be avoided by keeping ever in view the broad principles which lie at the basis of your society and

for the support of which it was created. Above all, it is imperatively necessary that the professional conduct of every member of the association should always be carefully regulated with reference to the sentiment of the profession at large. The neglect of this rule of conduct has, on various occasions, compromised the profession in a serious manner, and done much to weaken its usefulness as an organized body. For it must never be forgotten that medical organizations in this country, and especially in this State, have no legal, but simply a moral power. The due appreciation of this fact is more than ever necessary now, since it is evident that in the medical profession the strongest obstacle to its thorough and efficient organization is the tendency to individualization which is manifestly growing stronger every day. This tendency, so clearly attributable to the large increase in individual liberty resulting from the career of development through which civilization has for centuries been slowly advancing, is heightened by the too exclusive cultivation of specialties in medical science, and by the low standard of medical education, and the consequent introduction into the ranks of medicine of incompetent persons who, conscious of their lack of skill, and pressed by the intense competition for business, resort to practices to insure pecuniary success which are completely subversive of all dignity in medicine as a liberal profession.

It being apparently impossible to overcome the difficulties just indicated, by mere legislative action on your part, it may well be asked whether much of the time spent in the discussion of the ethical relations of the profession would not be far better devoted to other, and perhaps, after all, the greatest objects of your society—objects which, in the second article of your constitution, are defined to be the extension of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. Under the present circumstances, the elevation of the professional character, and the protection of your individual interests can only be accomplished by the practical recognition of the scientific requirements of medicine. So long as medicine continues to be empirical, so long will quackery continue to flourish. Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure places in medicine. Only under the influence of this light can the mercenary impostors who cajole the public, and make the practice of physic a mockery and a by-word, be driven away by the mists of night before the coming dawn. In the cultivation of medical science lies your true and only strength. By cultivating science you give to medicine exactitude; by giving to the healing art exactness, you place it upon an elevated platform, you isolate, at once, this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely-spreading branches. You all know how surgery, visiting upon the exact science of anatomy, and calling to its aid various accurate mechanical appliances, is now but little troubled with impostors. The "natural bone setters" and other similar charlatans have long since disappeared from its domain. You also know how practical medicine, on the other hand, based as it is upon an experience which is so often fallacious, upon a physiology and pathology still very imperfect, and an organic chemistry in a state of great confusion, is still a prey to the rapacious cunning of every quack who boasts his infallible remedy for phthisis, rheumatism, and all those special ills, which, in consequence of our ignorance of their essential nature, continue to resist all therapeutic effort.

The problems of medical science awaiting solution are numerous. The difficulty of their solution is only equaled by its importance. No more important object, indeed, could occupy your thoughts and time than the systematic attempt to clear up some, at least, of these questions. Many of them can be investigated by the clinical methods peculiar to medicine; for the unraveling of others, aid must be sought in the methods and appliances of physical, chemical, and natural sciences. There is ample room for the gratification of every taste, of every scientific tendency. Look around you and behold with what extraordinary rapidity science is unfolding itself in a multiplicity of directions. To practical medicine the momentum of this active development has been imparted with happy results, by means of various ingenious instruments, such as the stethoscope, laryngoscope, ophthalmoscope, otoscope, endoscope, microscope, thermometers, manometers, the sphygmograph of Marey, the stethosphygmograph of Hawkins, different electrical machines, etc., the laws of sound, light, heat, electricity, and mechanics, have been practically employed, in not a few instances, with signal success in elucidating the phenomena of disease.

In consequence of this rapid advance in science, and the multiplication of scientific instruments, medicine is at present undergoing a remarkable change. While its data are daily becoming more and more exact, the theories or fundamental principles which constitute its framework, so to speak, are undergoing, like our social fabric, a complete revolution. To the reflecting mind it is evident that medicine is now passing through a chaotic phase in its onward career. The day of blind obedience to authority is at an end; no asserted fact, no theory, however plausible, finds its way to acceptance on account of the great name attached to it; but, on the contrary, is immediately tried in the crucibles of experiment, observation, and induction, by that earnest and enthusiastic band of laborers, who, whether in physics or biology, are seeking with busy hands to reconstruct the philosophy of medicine, and place it upon a sure, scientific basis. That, for nearly a quarter of a century, you have industriously labored for the furtherance of this object is amply attested by the scientific papers and reports contained in your printed transactions. In these labors the physicians of Philadelphia deeply sympathize, and again most cordially welcome you to their renewal, as brothers and co-workers in a great cause.

VERMONT MEDICAL SOCIETY.

This Society held its semi-annual session in Burlington on Tuesday and Wednesday, June 14, and 15. Dr. HENRY JANES, of Waterbury, President, in the chair; Dr. L. C. BUTLER, of Essex, Secretary.

The credentials of Dr. B. F. Sherman and Dr. Shumway, as delegates from the Medical Society of New York, and of Dr. Albert Smith, as delegate from the New Hampshire Medical Society, were presented, and the gentlemen were invited by the

President to participate in the proceedings of the society. The gentlemen responded in some happy remarks, expressing the congratulations of their respective societies.

Dr. L. C. Butler read a paper on "New Remedial Agents," mentioning, among others, some of the Chemical preparations of Jas. R. Nichols & Co., of Boston, which he commended, and the two remedies recently introduced to the profession, viz: Chloral Hydrate and Iodoform.

Dr. O. F. Fassett read a paper on "Anæsthetics in Midwifery," giving a *résumé* of the present knowledge of their use in this department of medicine.

The subject was freely discussed by Drs. Smith, Hyde, Putnam, Crosby, Fassett, Sherman, Upham, and Branch, generally favoring its use, and speaking of its entire safety, if properly administered. The general expression was in favor of chloroform as the anæsthetic to be used.

Dr. C. P. Frost read a paper on the "Uses and Abuses of Opium," which gave rise to a general discussion, in which Drs. Crosby, Smith, Putnam, and Sherman participated.

Dr. John Branch read an obituary notice of Dr. Seth R. Day, of St. Albans, deceased.

During the evening session, in the absence of Dr. Abram Harding, Vice President of the society, who was expected to deliver an address—Dr. C. P. Frost read a paper on the "Pathology of Fever," prepared for the society by Dr. E. E. Phelps of Windsor.

The President presented the credentials of Dr. C. F. Kingsbury, delegate from the N. H. Medical Society, who was invited to participate in the deliberations of this society. Dr. Kingsbury responded to the invitation in a happy manner.

During Wednesday's session Dr. Janes read a paper on "Gun-shot Fractures," giving results of his observations upon these cases, whilst occupying a position as a surgeon of the army in the late war.

Dr. G. B. Bullard read a paper on the "Thermometer in Disease," recording his observations upon the use of this instrument in the progress of various diseases, as scarlatina, measles, typhoid fever, and tuberculosis. The discussion on this paper was participated in by Drs. Crosby, Kingsbury, Bullard, Janes, Putnam and others.

Dr. Crosby presented a photograph of a pair of Siamese twins for the examination of the society, and gave a history of the case. In connection with the subject he gave minute details of the operation for vesico vaginal fistula.

Dr. L. C. Butler read a paper on the "Statistics of Consumption in Vermont," particularly with reference to its geographical distribution among the counties of the State in proportion to population. The subject of this paper was discussed by Dr. Shumway, of New York, and Dr. Janes, urging the continuance of the line of investigation indicated in it.

Dr. Hutchinson presented an obituary notice of Dr. S. S. Butler, late of East Berkshire.

Drs. C. P. Thayer and H. H. Langdon, of Burlington, were unanimously elected members of the society.

Reviews and Book Notices.

NOTES ON BOOKS.

Professor SANFORD E. CHAILLÉ, of the University of Louisiana, has republished, from the New Orleans *Medical Journal*, his article on "The Yellow Fever, Sanitary Condition, and Vital Statistics of New Orleans during its military occupation the four years 1862–5." It is a well-considered article, of course, coming from Dr. Chaillé, but not a cheerful one, as he upsets so many of the pet theories of prevention.

The "*Dictionaire de Médicine et de Chirurgie Prâtiques*," published by Baillière, is now at its thirteenth volume. There will be twenty-five volumes in all. The best medical writers in France are engaged upon it.

Dr. E. J. STAHLBERG, of St. Petersburg, has published, in Russian, a treatise on the therapeutical and physiological action of *kumys*, or mare milk curd. Among other things, it is said to cure consumption (of course).

Dr. LUTHER PARKS has resigned the editorial chair of the Boston *Medical and Surgical Journal* in favor of Dr. FRANCIS H. BROWN. We regret to lose Dr. PARKS from the editorial brotherhood. His uniform courtesy, temperate and judicious opinions, and enlightened appreciation of the scope and objects of medical journalism, we have always recognized with pleasure.

Steiger's Monatsbericht, commenced May, 1869, the only literary periodical published in the German language in the United States, enters upon its second volume, the first number of which has just been issued. The most striking feature of the present number of the *Literary Monthly Record*, in our opinion, as it will be in that of its numerous readers, is the announcement of a *prize of eight hundred dollars* offered for the best *historical sketch of the intellectual vigor and progress of the German population in North America*, more particularly exhibiting *the influence of the German-American press on the development of American Institutions*. Such an announcement is calculated to awaken curiosity, and stimulate the exertions of many students and professional writers.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JULY 16, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PROFESSION AS A BUSINESS.

While we yield to no one in a proper estimate of the dignity and nobility of the profession of *the healer*, we are sufficiently a child of our age and country to recognize clearly that it is also a *business*, a practical means of getting bread and butter, and of supporting a family. It is this more than it is anything else, and any regulations or provisions which regard it primarily in any other light will stultify themselves.

The business is a poor one. In country districts, a well-established doctor does not generally collect more than two thousand dollars *per annum*. He does a good business when he actually takes in that much money, one year with another.

In this and other cities, the majority of physicians who have remained conscientiously at work for ten or fifteen years, and had average success, reach as high as twenty-five hundred to three thousand dollars. But they do not save out of this as much as their country brethren out of their smaller incomes.

In our position as editors, with a very extensive correspondence in the profession, we are constantly hearing of physicians cut off in the prime of life, or after a long and arduous service in the harness, who leave their families in very straightened circumstances.

One reason is the poor pay we receive; another, that the profession obliges a certain amount of style, outlay, and respectability; another, the universal system of credit.

Consequently the practice of medicine is falling into lower hands. Only about five or six per cent. of the graduates of such colleges as Yale and Harvard study and practice medicine. Other avocations pay them better.

The same thing is seen in England. A recent editorial in the *Medical Press and Circular* says that, in that country, one prominent cause in injuring the profession as a business is the amount of work done gratuitously by every grade of the profession, each grade in this way injuring those below it. The first step is taken by the hospital physicians and surgeons, who, by their ready gratuitous services, encourage persons to apply for gratuitous aid who could well afford to pay fees that would satisfy young general practitioners. Then again others see patients free at their own houses, and a lower grade still are often found competing with the chemist and druggist by offering their advice free, charging only for the drugs. The natural result of all this is that medical advice has lost much of its pecuniary value in the estimation of the middle classes, and is grudgingly recompensed. The profession, as a means of income, is insufficient to maintain men of position, and therefore while increasing in numbers it is sinking in caste. The day of doctors' fees being accepted as mere professional honoraria are gone by, and in this mercantile age never can return. Everything now-a-days has its value, and this value must be regulated by marketable worth. If medical skill be required by the public, let it be paid for. The medical alone of the learned professions is content to work for nothing, hoping that in doing so it is laying a foundation for pecuniary success. This is a great mistake; life is too short to waste the greater and most valuable portion of it in sowing seed.

The present state of society requires a quicker harvest. Nature gives fifty harvests in fifty years, the practice of medicine only one, and that often a meagre one. In the Medical profession, as in the Law and in Divinity, each member should have present pay according to its worth, and give little free labor.

——The women have failed at Vienna and Munich, whatever they have accomplished elsewhere. A Russian Jewess applied to matriculate as a medical student in the university of the former city, but Dean Späth resolutely refused her. In Munich the faculty have decided only males could legally matriculate.

Notes and Comments.

Science and Faith.

In a review of Mr. A. R. Wallace's recent works on the *Theory of Natural Selection*, the *Nation* says:

"It is not a little singular that within a year two of the greatest thinkers of the day, who have gone furthest on the road which is generally believed to lead inevitably to atheism, have in all earnestness, and in the true scientific spirit, declared that their studies have given them the abiding conviction that there is, beyond this range of physical events, an intellectual guiding force. Our author believes that all force is "will force"—the will of a Supreme Intelligence; and Julius Robert Meyer, who has carried the idea of a corelation of forces to that point where the short-sighted believed he had left nothing but machinery in the universe, has declared that beyond all these phenomena must lie the Infinite Mind, and that his work, so far from sapping, has only strengthened the foundations of religion."

The Massachusetts Medical Society.

At the meeting of this Society, which took place on May 25th, Dr. J. L. Sullivan, of Malden, introduced the protest of the Middlesex South District Society against that section of the by-laws of the State Society which allows graduates of the Harvard and Berkshire Medical Colleges admission to the society on presenting their diplomas. After long debate it was voted to strike out the section, and it passed to the counselors for concurrent action. Dr. Sabian, of Berkshire, offered resolutions upon the death of Dr. Alden March, late President of the New York Medical Society. They were unanimously adopted. Dr. Brundy, of Boston, offered a resolution to the effect that the district societies should expel all members known to be irregular practitioners. Dr. Holt, of Lowell, considered himself a subject thus to be dissected, and made some desultory attempts to explain his position. The resolution was amended so as to read:

Resolved, That the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves homœopaths, hydropaths, eclectics, or what not, in violation of the code of ethics of the American Medical Association. Adopted without discussion.

Dr. Auzias-Turenne.

This celebrated physician died about the 1st of June of pneumonia. He was buried without any religious service, it is said, at his own request. His will contained the directions that his body should be dissected, his bones carefully cleaned and articulated, and his skeleton, thus prepared, be offered to the school of medicine of Christiana, in Sweden. This was out of gratitude for the willing reception the school accorded to his famous doctrine of "syphilisation." It was often thrown up to him that he ought to inoculate himself if this theory were true and he was convinced of it. But he always parried these attacks. After his death it was found that he had actually done so, and there were found *more than fifty* characteristic scars where he had inoculated himself with the syphilitic virus!

Benzine in Whooping Cough.

Readers of THE REPORTER will remember that sometime ago several articles appeared in our pages illustrating the value of the odors of the gas works in whooping cough. Dr. Bottari, in France, having observed the same fact, set to work to explain it. He concluded that it is owing to the presence of *benzine*, and, therefore, administers this substance directly, in doses of from ten to twenty drops in syrups or mucilage, and also used it to odorize the air of the room. His conclusions are that if benzine is given at the outset, and during the first period of the malady, it does no good; but if administered later in the disease, the change for the better is "rapid and remarkable," provided no congestion of the respiratory organs is present.

Death of Dr. Charles A. Pope.

It is announced that Prof. CHARLES A. POPE, M. D., of St. Louis, has committed suicide in Paris. Dr. Pope has been for many years one of the most distinguished surgeons of the West, and a successful teacher. He was an ex-President of the American Medical Association. We confess that we are at a loss to understand the dispatch which attributes his death to suicide, and hope it will prove to be incorrect.

The American Journal of Obstetrics.

We learn that the May number of the *American Journal of Obstetrics* was destroyed by fire just after it had issued from the press, and was ready for mailing. Our *confrères* have our sympathy in their misfortune. We expect, however, that Phœnix-like, it will arise from the flames, and soon set at rest the many inquiries made as to what has become of it.

☞ We would call the attention of our readers to the cards in our advertising columns announcing Practices for sale. There are several excellent offers to be found there in different localities. The one advertised in Michigan is worthy of especial attention. An excellent paying practice can be secured at a very moderate outlay. We are satisfied that an intelligent man could at once secure all the business, and at good prices, too, that he would care to do.

Correspondence.

DOMESTIC.

Popular Medical Education.

[We give our friend, Dr. McCHESNEY, the opportunity to put himself right, as he desires it, and for the present we will drop the subject.—EDS.]

EDS. MED. & SURG. REPORTER:

If the readers of the REPORTER judge from the language used in your notes, appended as criticisms on my articles on the subject of "Popular Medical Literature," and *not* from the articles themselves, I shall certainly occupy an unenviable place before the world of letters. I am fully persuaded, however, that as a general proposition, men form unbiassed conclusions in differences of this nature, and by *their* decision I am content to abide. The honor (?) you proffer in placing me as the "champion of ignorance" is respectfully declined. You certainly have not comprehended my position, as I have heretofore claimed that an elevated *general* intelligence was very desirable, and would, I doubted not, remove many of the obstacles to successful practice, though I am not sure but that I have been over-liberal in allowing that much, as it is a notorious fact—one which *you* will hardly attempt to controvert, that charlatanism flourishes in its most exuberant proportions in the very midst of our centres of intellect—the great cities.

My purpose in writing upon this subject has been to defend practical medicine in its relations to an unscrupulous public, and *not to detract from the merit of educating the masses*, and though you may, on reading this paper, be tempted to exclaim—*Ne quid nimis*—yet the interest I have in everything pertaining to the welfare and usefulness of the physician will, I make no doubt, be to you and the readers of the REPORTER, my adequate excuse for addressing you again on this subject.

Note.—For the proper understanding of the above article, the reader is referred to REPORTER for June 11, 1870, latter half of col. 2, p. 501.

J. P. CHESNEY, M. D.

New Market, Platte co., Mo., July 1st, 1870.

General Instruction in Hygeine.

EDS. MED. AND SURG. REPORTER:

In your issue of June 16th ult., at page 526, appears the following paragraph, viz: "The French are so far ahead of us in some respects that they have already commenced the teaching of hygiene in the primary schools at Montfort, L'Amaury. Dr. DESCIEUX has introduced it with great success, says the *Gazette des Hôpitaux*." I am pleased to say that, under authority from the "Board of School engaged the past year and a half lecturing on hygiene, to the advanced classes in our male and female grammar schools, and with the most gratifying results.

I am glad the opportunity has occurred for making known through your valuable journal to other communities that we are laboring in a field which is already yielding fruits of the choicest character, and must ere long bring forth a most abundant and valuable harvest.

HARVEY L. BYRD, M. D.

Baltimore, Md.

NEWS AND MISCELLANY.

Charles Dickens.

Commenting on the death of Charles Dickens, the *British Medical Journal* says:

"How true to Nature, even to their most trivial details, almost every character and every incident in the works of the great novelist whose dust has just been laid to rest, really were, is best known to those whose tastes or whose duties led them to frequent the paths of life from which Dickens delighted to draw. But none, except medical men, can judge of the rare fidelity with which he followed the great Mother through the devious paths of disease and death. In reading *Oliver Twist* and *Dombey and Son*, or *The Chimes*, or even *No Thoroughfare*, the physician often felt tempted to say, "What a gain it would have been to physic if one so keen to observe and so facile to describe had devoted his powers to the medical art." It must not be forgotten that his description of hectic (in *Oliver Twist*) has found its way into more than one standard work, in both medicine and surgery (Miller's *Principles of Surgery*, second edition, p. 46; also, Dr. Aitken's *Practice of Medicine*, third edition, vol. i. p. 111; also several American and French books); that he anticipated the clinical researches of M. Dax, Broca, and Hughlings Jackson, on the connection of right hemiplegia with asphasia (*vide Dombey and Son*, for the last illness of Mrs. Skewton); and that his descriptions of epilepsy in Walter Wilding, and of moral and mental insanity in characters too numerous to mention, show the hand of a master."

Sir James Y. Simpson's Courting and Marriage.

The Lord Provost of Edinburgh is responsible for the following story. Sir James was at that time aiming at the chair of Professor of Obstetrics. The Provost says:

"When he began his canvass, amongst others he called upon me. I had always a taste—right or wrong—for a little badinage, and I asked him how he thought it possible for plain unsophisticated town councilors to be competent judges of the qualifications of a Professor of Midwifery; I thought a jury of old wives a much more likely tribunal to judge impartially on such a case." "Very true," said he, "but

cal men who are competent judges of my qualifications for the office, will that not enable you to form a correct opinion as to who is the best qualified for the position?" This I thought a reasonable view of the case, but I said I had a far more formidable objection than that. "And pray what is that?" said he, in his most fascinating manner. I answered that I could vote for no man as Professor of Midwifery who was unmarried. "Well," says he, "I never thought of that, but I confess it a fair objection—a real disqualification, and one which must be removed." I learned a few days afterwards that the day following he started for Liverpool, where he knew of somebody who had no objection to be the wife of a Professor, and within a fortnight he was back in Edinburgh, called upon me, and announced that he was now qualified according to *law*, and claimed my vote.

A Centenarian.

Lazarus Fuchs, 112 years of age, is still living near Warsaw. Only three years have elapsed since his hair became gray, and when he was 93 years old he had a son by his second wife. His father lived 120 years, and his grandfather 126 years. So says the *Gazette Hebdomadaire.*

——Professor Perkins, of Union College, has been appointed to the Chair of Professorship of Chemistry in the Albany Medical College. Prof. Perkins was for a long time associated with Prof. St. John, of New York.

—— Dr. John Swinburne, late Health Officer of the Port of New York, and family, left on the 2d instant in the steamship Denmark for Europe. The Doctor intends to visit the chief cities and places of interest on the Continent.

——Professor Helmholtz, who has resisted many tempting offers to leave Heidelberg, has at last concluded to accept a chair in the University of Berlin. The King of Prussia has ever been his friend and liberal patron.

——Dr. Hering, Professor of Physiology in the University of Prague, lately delivered a public address at Vienna, on the subject: "Memory, as a universal function of organized matter." The topic is a rather startling one.

——Baron Liebig has been seriously ill from a carbuncle and an abscess, brought on indirectly by overwork.

——Dr. Matthews Duncan will probably take Simpson's chair as Professor of Obstetrics in Edinburgh.

——Rokitanski, the distinguished anatomical pathologist, has been elected president of the Imperial Academy of Medicine at Vienna.

——The distinguished British Surgeon, Professor Syme, is deceased.

——Statistics prove that in the 69 years commencing with 1801, Russia has lost by small-pox 10,350,000 children. So much for not making vaccination obligatory.

QUERIES AND REPLIES.

Green on Dislocations.

MESSRS. EDITORS: Prof. W. W. Green's essay on Reduction of Dislocations, mentioned in REPORTER of March 26th, page 262: Can it be seen at your office? If not, does it treat of dislocations of femur by manipulation? Where can I get it in this city?

Yours truly, C. R. P., a Subscriber.

REPLY.—You can obtain a copy of the Boston *Medical and Surgical Journal*, containing Prof. Green's article, by addressing David Clapp & Son, 334 Washington St., Boston, Mass. We have not the separately printed copy at hand.

Chloral Hydrate in Children's Diseases.

Will Dr. H. M. Lilly, of Fond du Lac, please inform me in what class of diseases he administers chloral hydrate to babies and children, and in how large doses.

Iowa. C. E., M. D.

The Pneumatic Aspirator.

Dr. S. H. S. of Ind.—We cannot get this instrument for you now, as there are none made. Perhaps we can get it manufactured for you to order.

Obituary.

SIR JAMES CLARK.

Sir James Clark, who died in London June 30th, æt. 82, was a native of Scotland, and studied medicine at Edinburgh, where he received his diploma. He published in 1820, a work giving the results of his observation during a scientific tour in Europe. On settling in London, he was appointed physician to some members of the British royal family, and when Queen Victoria ascended the throne she appointed him first physician, and created him a baronet. His long experience and contributions to medical science secured him the respect and esteem of the medical profession.

MARRIED.

ELLIOTT—MONTGOMERY—At Newville, Pa., on June 8th, by the Rev. E. Erskine, D. D., Mr. Charles Elliott of Winnebago county, Illinois, and Miss Ann Eliza Montgomery, daughter of Dr. James Montgomery, of Newville.

LAW—CLARKSON—At Millerton, Duchess County, N. Y., June 9, by Rev. Robert Hunt, Charles D. Law, Esq., and Miss Josephine Clarkson, eldest daughter of Dr. F. V. and Josephine Clarkson, all of Millerton.

PATCH—BULL—June 29, by the Rev. Thomas D. Anderson, Henry F. Patch, M. D., and Leonora, daughter of Henry H. Bull, all of Harlem, N. Y.

THOMAS—BELDEN—In Chardon, Ohio, June 22nd, 1870, at the residence of the bride's parents, by Elder J. W. Ingram, W. B. Thomas, Esq., of Ravenna, Ohio, and Miss Willia A., youngest daughter of Calvin Belden, M. D., of Chardon.

DIED.

BANCROFT—June 22nd, 1870, at his residence in Granville, Ohio, Dr. W. W. Bancroft, aged 64 years.

BARDWELL—May 29th, at Peachbottom, Pa., J. R. Bardwell, M. D., in the forty-fifth year of his age.

CRARY—At Fort Gibson, Cherokee Nation, June 14, Kimball Delany, only son of Dr. and Mrs. C. W. Crary, aged 8 months and 26 days.

HULL.—In Cincinnati, July 2d, Florence Dodge, wife of Leverett R. Hull, and daughter of Dr. Israel B. Dodge.

JOHNSTON—At Evansville, Ind., June 30th, 1870, Dr. John Burt Johnson, son of John Johnson, Esq., near Montgomery, Hamilton county, Ohio.

KILBOURNE—Dr. William Kilbourne, one of the oldest physicians in Androscoggin county, Maine, died July 7th, of apoplexy.

THE
MEDICAL AND SURGICAL REPORTER.

No. 699.] PHILADELPHIA, JULY 23, 1870. [Vol. XXIII.—No 4.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Of Philadelphia.

(*Continued from page* 30.)

These difficulties, originating in peculiarities of anatomical structure and action of the soft palate and tongue, have been met by various contrivances, designed to remove them, or at least to diminish their influence, and to gain the requisite amount of quietude and space. The palate hook would seem to present the requisite means for controlling the palatal movements in such cases, but a little experience will serve to alter our views in this respect, for the energetic action of this membrano-muscular expansion cannot, as a general rule, be so controlled. In the case above alluded to, the hook even was drawn up with the palate, and it would have been impossible to have pulled the latter forward without danger of lacerating the tissue. Türck has suggested a number of instruments to fulfill the indications, such as putting a horizontal gutter upon the point of the palate hook, with the view of catching upon the posterior edge of the velum, and thus preventing it from slipping off; mounting clamping jaws to catch the uvula upon a metallic stem after the manner of a lithotrite, and finally an instrument with separable rectangular points, which, when opened, catch one upon the edge of the velum, the other upon the pharyngeal wall. All of these instruments, however, have been relegated to disuse, which they justly merit, both on account of their inefficiency and danger. Other instrumental suggestions have been offered, but we believe as yet nothing has been effected in this direction to overcome the palatal contractions. We may sometimes get the velum in the proper position by directing the patient to pronounce some vowel sound, *eh!* or to take a deep breath; but in our experience nothing answers so well in checking the irritability and giving us a chance to put the stem behim the velum as ice; a little piece may be held in the mouth, well back, and permitted to gradually melt, or pounded ice may be put in an India-rubber bag and applied to the outside of the throat, as we often do in laryngoscopy.

The difficulties encountered from the tongue are much more easily met. The case we have come to cite shows that the base of the organ ascends occasionally towards the palate in a most obstinate manner when the person is directed to open his mouth widely. Indeed, it requires considerable practice for any person to voluntarily hold the tongue well down in the mouth. Careful manipulation with the spatula will, in almost all cases, enable us to overcome any difficulties in this respect.

By inspecting the throat we can easily determine the probabilities of the success of a rhinoscopic examination. When the velum hangs well forward from the posterior wall of the pharynx, giving us plenty of room to place and manœuvre the small mirror, and the tongue does not rise much towards the palate, on the patient's being directed to open the mouth, the conditions are favorable and the chances of a successful exploration very much enhanced. No attempts, that I am aware, have been as yet made, as have been in laryngoscopy, to tabulate rhinoscopic experience, showing the proportion of cases in which the procedure is impossible or extremely difficult, and it will require some years more before the observations of physicians will aggregate a sufficient number to afford reliable deductions.

We have now mentioned the chief difficulties the rhinoscopist will be called upon to encounter, and how they are to be met; but it must be observed, under circumstances ever so favorable for the attainment of his object, he needs all his patience and tact gained by repeated examinations and minute attention to details of practice, to obtain all the aid capable of being supplied by his art.

The next step will be to point out the preliminaries of the examination. The patient may be conveniently seated by a table having upon it the illuminating apparatus, his head erect, and mouth about the level of the eye of the observer. Voltolini recommends that the head be a little bent forward, that the uvula and velum may be carried forward by their gravity, while on the other hand, Moura-Bourouillon suggests exactly the reverse, which position, according to him, throws the vertical plane of the posterior nares at a greater angle with the pharyngeal mirror, and thus facilitates the illumination of the inferior portion of the plane. Semeleder advises the erect position, as we have done. The light is to be placed at the side of and behind the plane of the patient's face, and sufficiently high to be just above the eye of the observer, in the manner we have already described and shown in Fig. 7. When speaking of Semeleder's mirror, if that instrument be employed, we should then direct the patient to open his mouth widely and having introduced the spatula with the left hand, depress the tongue downward and forward, the right hand now takes the mirror; and holding the latter with the face downward over the chimney of his lamp a moment to warm, first touches his hand or cheek with the back of the mirror, to be sure that it is not too hot, and then passes it directly over the spatula until its upper border nearly touches the posterior pharyngeal wall, and is situated below the uvula. The plane of the mirror should be made to assume an angle with the horizon of about 130° and held well down in the throat,

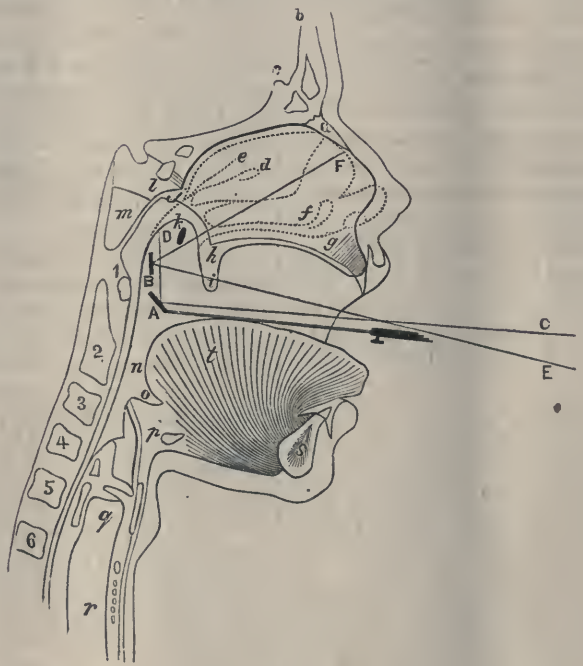


Fig. 10.

as shown in Fig. 10, A; by this arrangement a ray of light, C, striking upon the mirror is thrown to the vault of the pharynx at D, which latter point becomes visible; if the handle of the instrument be now elevated a little, the posterior wall of this cavity will be seen; by depressing it the illuminating ray will again impinge upon the roof. By still further depressing the handle and raising the mirror to the position, as shown in B, the ray of light, E, impinging upon the mirror is reflected into the posterior nares at F, which point becomes visible. Now, by sliding or inclining laterally the mirror, the Eustachian orifices, shown at K,

may be examined, the sinus of Rosenmüller and the lateral pharyngeal walls. When the mirror is once in the throat, we thus move it first in this, then in that direction, until we have completed our examination. Of course we get the brightest and most natural image when the mirror and object we desire to inspect are directly opposite, while the more we have to incline it, to view the lateral and upper portions of the nares, the image becomes foreshortened. For this reason, it is obvious that the observer will do well to secure this advantage as far as may be by shifting his mirror well up in the pharyngeal cavity, as shown in the figure. The instrument may be steadied in making these motions, by placing the little and ring finger upon the patient's lower jaw.

When, for any reason, we employ means for drawing the velum and uvula forward, then another deposition will be required, for this adds another instrument, and the physician has already both hands employed in practicing the foregoing plan, one using the mirror and the other the spatula. We pursue exactly the same course as regards light and position of the patient's head, and only deviate from that plan at the point when the spatula is introduced. Then the observer transfers this to the patient, and thus liberates his hand, with which he now takes the hook, warming it first before he passes it back behind the uvula, which he gently draws forward, taking care to keep the handle of the hook to one side, both with a view of getting his own hand out of the line of vison, and of more surely, by its oblique direction of sustaining the velum, and preventing the the uvula from slipping from the hook. A larger mirror may now be employed by thus amplifying the space; it is passed in with the right hand in the media line until its upper border rests just back of the angle of the hook. When placed at the angle we have indicated, we get a glance of the posterior edge of the septum narium, then giving it more or less inclination in the media line, we can study the appearance of the posterior rhinal plane; by moving it laterally, the walls of the parynx and entrance of the Eustachian tubes may be carefully scrutinized; but these portions are much more difficult to inspect.

It is easily comprehended that the image seen in the mirror, from the law of action of plane mirrors, is reversed laterally; thus, the right turbinate bone will be on the left side of the mirror, and *vice versa*; it will only be necessary for the student to write his name in capitals on a slip of paper, place it before a looking-glass, and view the image; the letters will be erect, but in an inverse order, the first one being seen on the left hand side in the glass, while it occupies the right hand place on the paper.

The neophyte in rhinoscopic manipulation will do well to study the picture presented in the normal condition of the naso-pharyngeal cavity, and seek every opportunity of familiarizing himself with it by practice upon himself and friends. The task is no easy one under the most favorable circumstances, as the writer can testify from personal experience; but with perseverance, the necessary manual dexterity will eventually crown persistent efforts, and he will be enabled thereby to acquire that amount of accurate physiological and pathological knowledge that alone responds to the requirements of a rigid and truthful diagnosis.

The cursory account we have given of the anatomy of the naso-pharyngeal space, drawn from the dead subject, will not convey him a knowledge of the appearances presented in life by the rhinoscopic mirror, and, therefore, it will be our endeavor to describe what he will see; and in order to render the comprehension of the matter more easy, also present a sketch of the appearances. The small size of the mirror, and the fact that the parts in the naso-pharyngeal cavity are not all in the same plane, preclude the possibility of our gaining an entire image of all these parts in one position of the mirror, or even of the greater portion of them. On the contrary, but a moiety can be seen in the mirror, so that in order to inspect the whole of the region, the reflecting surface must be turned in various directions, and successive parts examined, one after another, until the entire picture is completed. In my own person, from which the annexed drawing (Fig. 11) is made, both

Fig. 11.—View of the Posterior Nares.

choanæ, half of both Eustachian tubes, and the upper two-thirds of the posterior rhinal plane, can be seen in the image. The observer will do well, in making the examination, to begin at the Eustachian orifice instead of the median septum, as usually directed. When the mirror is in the position indicated at D, in Fig. 10, and turned a little to one side, the prominent rounded and nipple-like orifices of the Eustachian tube, E, is in view, generally with a little patch of yellowish mucus in the depressed centre; above this is a depression between the lines A and B, the sinus of Rosenmüller, which is really behind the aperture instead of above it, as shown in the mirror. Still higher at A we come to the roof of the pharynx. Below the Eustachian orifice, sweeping around into the velum as seen at I, is a prominent fold, formed by the levator palati. Give the mirror a little less inclination, and the choanæ come into view. The superior turbunate bone B is directly seen high up in the oval-shaped orifice as a small triangular projection; below this is the darker space H, of the superior meatus, which is the longest of the three. The middle turbinate, C, is well defined and of a characteristic pyriform shape, projecting towards the septum, its lower portion slightly concealed by the inferior turbunate bone, D. The mucous membrane covering it is of a grayish white, or pinkish hue, which, together with its shape, has led to its being mistaken in several instances for a nasal polypus. Beneath the middle turbinate is the middle meatus, G, bounded on the outer side (I am speaking of the mirror picture) by the prominent edge of the Eustachian tube. The inferior turbinate bones, D, are rounded or globular-shaped elevations at the base of the choanæ, and pale in color. The inferior meati are below them, but they are not shown in the drawing. By careful attention, and peering into the posterior nares, we may see always the lateral surface of the middle turbinate bone deep into the cavity. If the mirror be turned square to the front, we see the septum above, broad and pinkish-yellow in color, gradually diminishing downwards; in the lower half of the septum the color becomes lighter.

V. APPLICATION OF RHINOSCOPY IN THE STUDY OF MORBID CHANGES.

The explorations of the rhinoscopist are pursued with the view of discovering the nature and extent of disease, not only of the naso-pharyngeal cavity, but also of those of the Eustachian tube, and in no other way can the latter be made evident to the eye; hence, aural surgery has received important aid from this art. The parts entering into the formation of the cavity are subject to the same changes in analogous tissues in other parts of the body. We have aggregated, in this small space, bone, muscles, fibrous and mucous membranes, with their glandular appendages, all subject to inflammation and ulceration—common and specific, caries, necrosis and hypertrophies, neoplastic productions of varying character, with the various secondary changes induced by pressure in their growth upon the surrounding parts, and finally they may become the seat where foreign bodies lodge, and give rise to most persistent and distressing symptoms.

As diseases of the pharynx become better understood, we shall, I think, find that even disturbances of remote organs may also be induced by morbid processes going on here. We know that these parts are thoroughly supplied by blood vessels and nerve-filaments, both sensative and motor, from the fifth, facial glosso-pharyngeal, pneumogastric, spiral—accessory and the sympathetic—the otic and spheno-palatine ganglious. We have also to learn the influence of the pharyngeal secretion, which is often copious, upon the œsophagus and stomach, which do not seem, as far as observation has been carried to determine the question, to be tolerant of any great amount of it; and it has been suggested that the morning vomiting of habitual tipplers, who are so frequently affected with chronic pharyngitis with plentiful secretion, may in part originate from reflex action in the efforts of the pharyngeal muscle to disembarrass themselves of this secretion, or the result may be due to the direct action of the matter upon the lining membrane of the stomach. The nervous connection of the pharynx with other parts may also help to explain some of the cases of neuralgic pains in the head dependent upon chronic pharyngitis.

Before these topics are touched upon, however, I must call attention to the great importance of having the parts above alluded to thoroughly cleansed from all adherent crusts, pus, mucus, and air bubbles, which are calculated, if permitted to remain, to obscure or even conceal them entirely, thus preventing the physician from either appreciating the

true condition of the parts beneath, or misleading him as to the character of the appearances presented. This object may be attained by any of the various forms of nasal douches recommended; but I have suuceeded with none of these so well as with the simple instrument I have long used, and elsewhere described. It consists of a long slender-tube of vulcanized rubber, or of glass, bent at the distal extremity into a hook, the point of which is perforated with holes, or narrowed by compression into one constructed aperture; the proximal end is furnished with an India-rubber ball pump. With this apparatus a continuous stream can be passed through the nares to wash out these cavities, or medicated solutions brought in contact with them. The best manner of making this irrigation or injection, is to place the patient in a chair facing the window, with his head thrown back and his mouth widely open; the operator then passes the long tube held in his right hand through the fauces, and hooks its point behind the soft palate, and after flexing the patient's head he forces the stream—warm water or other fluid—into the posterior nares, which finally escapes in a stream from the nostrils. TRÖLTSCH, of Würzburg, to clean out the secretions of greenish grey mucus collecting often in the upper part of the pharynx about the Eustachian orifices, as well as to diminish the fœtid smell from the nose and pharynx, employs repeated injections of cold or luke-warm water with a long silver tube, which he describes as of the same length as the Eustachian catheter, with distal end closed, but the sides near the point perforated with little holes; in order that the patient may better apply the syringe himself, the outer extremity is bent nearly to a right angle.

To remove the air bubbles which obscure inspection, it has been advised, to blow through the patient's mouth, or better, as Voltolini recommends, remove them with a camel's hair brush.

In considering the diseases of the naso-pharyngeal cavity, we shall proceed in an anatomical order, beginning with those of the mucous membrane, then those of the muscles, of the bones, and, lastly, those of the Eustachian tubes. Catarrhal inflammation of the mucous membrane is the most common pathological condition that the physician is called upon to treat which for convenience in describing its various sorts, as determined by locality, we propose to consider under two heads: 1st. Rhinitis; 2nd. Pharyngettis.

1. Rhinitis, or inflammation of the rhinal mucous membrane, is most frequently observed under an acute form, accompanied with a similar condition of the membrane lining the naso-pharyngeal cavity and the canals terminating in it, a condition known under the name of coryza, which, commonly with a few days' confinement to an equable temperature, the inhalation of emollient and astringent atomized fluids, yields and passes away, the nasal mucous membrane regaining its normal condition. The circumstances, however, under which the rhinoscopist is called upon to act are somewhat different. The inflammation, instead of receding, becomes chronic, sometimes occupying the whole of the mucous membrane, covering the rhinal chambers, or what is more common, confined to a limited portion only; at least, the inflammation, even if it be general, has produced greater changes in some localities than in others. This chronic form of rhinitis is often persistent and always difficult to cure. It has been most often observed in young persons of a scrofulous taint, but no age or constitution is exempt from it.

The symptoms are a discharge of rhinal secretions of a varying character, usually fluid, yellowish or greenish, running from the nostrils, but sometimes thick and crust-like in form, which, clinging to the parts, produce such an amount of irritation that the patient tries to rid himself of the annoying sense of stuffing in the nares by making strong aspirations through the nose, by which he often succeeds in dicharging the crusts through the throat and mouth. These are always odorous and often of the most offensive character. Patients are not always aware of the strong odor, as in the cases of females, who more particularly suffer from nasal catarrh, which is always increased at the menstrual periods, and sometimes only occurs then. The nares are stuffed up, compelling the patient to breathe through the mouth, and the atria leading into them are red and injected.

The appearances, as shown by the rhinoscope, are deep redness or bluish color of the tubinate mucous membrane, which is also hyperæmic, swollen and covered with patches, strings of pus or muco-parulent matter, and here and there, perhaps, evidences of erosion.

I may mention as illustrative of chronic

rhinitis, the case of Mrs. W., æt. 23, sent to me July 6th, 1870, by Dr. Keys, of Philadelphia, for treatment. Her history is as follows: In the fall of 1868, she was caught out in a shower of rain and caught a severe cold. The usual acute catarrhal symptoms followed, which, in a few days, subsided into a milder form, but easily excited to renewed acuity by the slightest exposure to alterations of temperature. In one of these exacerbations, pain began to be felt in the ears; external otitis was established in both, which finally culminated in suppuration, the abscesses bursting spontaneously. The mucous membrane of the soft palate also became much swollen, forming a tumor which almost reached the tongue. The teeth ached, and there was severe pain in each side of the face. With the view of relieving the pain, the medical attendant pulled out in vain two molar teeth, on the supposition that they caused it. The entire nose partook in the catarrhal inflammation and swelled enormously, the skin being tightly bound across it, so that she felt apprehensive that it would burst, and the nasal mucous membrane protruded from the nostrils in two tumor-like processes, completely occluding the passages. The pain at this time was agonizing, depriving her of sleep for several days and nights.

This condition of things disappeared and reappeared two or three times, when a considerable depression of the cartilage of the nose, sweeping from the tip of the nasal bone to the lobulus, presented itself and has remained permanent ever since the result of atrophy from the prolonged swelling and inflammation.

Present Condition.—Anterior Nares: The mucous membrane of both nares is seen to be of a deep red color, and that on the right turbinate bone much hypertrophied, and projecting anteriorly in a tumor or polypoid form, and indeed was supposed, by several physicians under whose observation the lady fell from time to time, to be polypus, and an operation had been proposed but declined by the lady.

Posterior Nares: The conditions for rhinoscopic examination were exceedingly good, so that I readily succeeded at the first setting in getting a good inspection. The mucous membrane was deep red, everywhere swollen and much injected, several leaches of vessels being seen on the posterior aspect of the velum, and quite a large one upon the orifice of the right Eustachian orifice. There was much thickening of the membrane over the septum in the right nares, so that it projected across and touched the turbinate bones opposite, completely occluding the passage. At the base of the posterior edge of the septum, leaning to the right side, was one of these little tumor-like elevations of the mucous membrane, alluded to by both Czermak and Semeleder, as occurring sometimes in those who never have had any nasal difficulty. It was covered with a pellet of muco-purulent matter, which I removed with a brush to see its surface, which was of a pinkish hue and granular.

The Eustachian orifices were swollen and a patch of yellow secretion reposed in the depressions of each. The bridles running across the fossæ of Rosenmüller had, clinging to the little pit formed by them, patches of muco-purulent matter, and on the right side there was a denuded surface from which occasional hemorrhage occurred.

The nostrils are both closed, and the patient has to sleep with the mouth open, having frequently to rise in the night to disembarrass herself of a mass of blood-tinged purulent matter, and to moisten the parched-feeling throat and pharynx.

The inflammation had traveled into the ears, causing pain and deafness; into the larynx, causing cough and irritation, and upon the laryngeal surface of the epiglottis there was a small papillary growth. The conjunctivæ were injected, and sensitive to the light.

This patient, immediately put under treatment; a sixty grain solution of nitrate of silver was injected into the naso-phyrangeal cavity with a curved-nozzled syringe, and occasionally the phyrangeal walls and Eustachian orifices were swept with a camel's hair brush moistened in a strong solution of tincture of the chloride of iron. The solution of the nitrate of silver was also applied freely anteriorly with a camel's hair brush. In ten days the patient was nearly restored to health, after suffering for two years, the last spots to yield being the Eustachian tubes and the fossæ of Rosenmüller, which are still injected and secrete a thin purulent matter, but nothing like as much as when the treatment was first began. This case is still under treatment, and the remedies are now being directed to the spots above indicated.

The local treatment of chronic rhinitis con-

sists in the application of solutions of nitrate of silver, iodine, etc., with a brush, nasal douche, containing a solution permanganate of potassa, sulphate of zinc and copper, bi-chloride of mercury, etc.

The liquids for the nasal douche, may be employed in the vessel suggested originally by Prof. T. Weber, of Halle, seen in the annexed cut.

Fig. 12.—Nasal Douche.

A glass jar, A., having a long elastic tube, B, attached, terminating in a nozel, C, which by means of a little disk of India rubber so occludes the nostril that the liquid cannot escape exteriorly. The letter D indicates a joint formed by a short glass tube within the rubber tube, to which nozzels of different sizes may be attached, according to the capacity of the atria. Another form of the douche, designed by Dr. Oliver for office use, is shown in Fig. 14; the jar is mounted upon a black-walnut stand. The rubber tube, shown in Fig. 14, may be attached to any bottle, the mouth of which the stopper will fit. The little tube, D, running through the cork, permits the air to enter the bottle when it is inverted to allow the water to issue from the tube by its gravity. Of course, in employing any of the preceding instruments, the reservoir must be raised above the level of the head, but the latter must not be inclined too much forward or the water will gain access to the frontal sinuses and produce violent headache, from which the writer while experimenting upon his own person, has several times severely experienced.

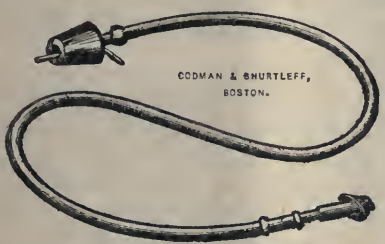


Fig. 13.—Nasal Douche.

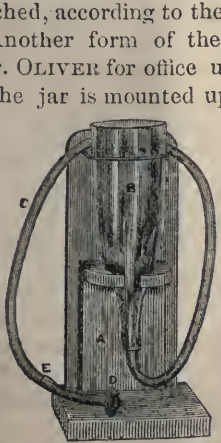


Fig. 14.—Another Form.

Even worse damage may ensue by the fluid being forced through the Eustachian tubes into the tympanum, and produces inflammation of that cavity, as I have seen occur in one instance when the patient was submitted to a douche of cold water, the reservoir being held very high. This person subsequently came under my care for tympanitis; she says the douche produced at the time severe pain and pressure in the ears, and she refused to repeat it, although so ordered by her physician.

I still use the syringe in preference to the douche, by which I can obtain the most perfect and thorough contact of my remedies, either in limited quantity or continuously.

(*To be continued.*)

DROPSY OF THE AMNION—TAPPING—PREMATURE LABOR—DEFORMED FŒTUS AND ADHERENT PLACENTA.

By J. B. Cory, M. D.

Of Patch Grove, Wisconsin.

Sept. 26th, 1869, I was called to see Mrs. H. P., married at 16; present age, 33; in sixth month of ninth pregnancy.

Her abdomen was enormously distended, and she was suffering severely with pain and soreness in the right hypocondrium and right lumbar region, with tenderness of the whole abdomen; pulse 80; surface cool and moist, urine scanty and high colored; bowels regular; there was no evidence of inflammation of either uterus or liver, other than the pain and tenderness; and I was of the opinion, that this was caused by the distention of the uterine parietes, and pressure upon the abdominal viscera. I prescribed morphia, ¼ gr., and ext. hyoscyamus, 2 grs., in pil. every two hours, till pain was re-

lieved, and bitart. potassa, ʒj; acetate potassa, ʒij; aqua font. Oj, a wineglassful every four hours, with the vague hope that it might carry off some of the superabundent fluid, by the kidneys, or at least prevent its further accumulation. Applied sinapism to side.

After taking six doses of the anodyne, she got so much relief, as to fall into a quiet sleep, for several hours. The diuretic increased the secretion of the kidneys, but failed to relieve the distention, and as soon as the influence of the morphia was gone, the pain returned; but by continuing its use, she kept quite comfortable for two weeks, when it seemed to lose its power and I ordered belladonna plaster. This, with the morphia and hyoscyamus pills, gave relief for a week more, when the pain and distress returned with redoubled violence, and notwithstanding the use of local applications, of liniments and plasters of an anodyne nature, and the internal exhibition of opiates etc., she failed to get scarcely a moment's peace day or night. Though she was a small, spare woman, she was now several feet in circumference, the abdomen hard and resisting; she was becoming weak and exhausted with suffering, and I became fully convinced that nothing but tapping the amnion would prevent a fatal result.

By a vaginal examination I ascertained that the os would admit the point of the index finger. I accordingly introduced a curved trocar and canula (such as is used in the rectal puncture of the bladder) cautiously within the os, and passed it up as far as possible between the membranes and uterus posteriorly; then carefully protruded the point of the trocar and surprised the patient and friends by a rush of water, that saturated the bedclothes, ran through two beds of feathers and straw, and filled a ten quart pail placed under the bed to receive it.

The relief was immediate, and the patient dropped into a quiet sleep, from which she was aroused in a few hours by commencing labor which proved to be quite easy, and in about six hours she was delivered of a still-born male child, with talipes and otherwise deformed. The right leg was flexed upon the thigh and could not be extended beyond a right angle; the right arm the same. The hands were clubbed, the head misshapen, the joints enlarged, and the flesh wasted. The appearance was very much that of a person who has had chronic rheumatism for a number of years. I regret that I could not obtain a photograph of it.

My patient was now quite comfortable, though weak, but her trouble was not yet ended; for, after waiting three hours for the expulsion of the placenta, I found that it was adherent. I therefore introduced my hand within the uterus, detached and drew it away, but not without some difficulty and a good deal of suffering on her part.

She was very weak and exhausted for several days, but with good nursing and careful treatment, made an excellent recovery, and is now in the enjoyment of better health than she has had before for years.

The above case was quite interesting to me in several particulars. I had never heard of a case of the kind before, and could not find the disease mentioned in any of the text books that were accessible to me at that time.

I hesitated some time before puncturing the membranes, knowing that it would in all probability induce premature labor and destroy the child. I acted upon the same principle recognized by nearly all obstetric writers, that we are justified in destroying the life of the child when it is *necessary*, to save the life of the mother.

Several questions have presented themselves to my mind in connection with this case which I confess myself unable to answer.

1st. Was there any connection as to cause and effect between the abnormal accumulation of fluid and the deformed fœtus? If so which was cause and which effect? or were they both the effect of some other cause or causes?

2nd. Did the same inflammatory action that glued the placenta to the uterus also cause an excessive effusion of fluid within the amnion?

3d. Did it affect the fœtus in any manner; if so, how?

A New Anæsthetic.

M. Sauer, a surgeon-dentist of Berlin, after having performed various comparative experiments with anæsthetic substances, has come to the conclusion that the very best is a mixture of protoxide of nitrogen, chloroform and atmospheric air. He considers this compound to be free from the dangers attendant on the use of either chloroform or the protoxide alone. The proportions which he advocates and employs are the following: Liquid chloroform, six grammes; atmospheric air, three-quarters of a litre; and protoxide of nitrogen, sixteen litres.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Surgical Clinic of

F. F. Maury, M. D.

Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, one of the Surgeons to the Philadelphia Hospital—etc.

And R. J. Levis, M. D.

Lecturer on Diseases of the Eye in the Jefferson Medical College, Surgeon to the Wills and Philadelphia Hospitals—etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

DR. LEVIS' CLINIC.

Gentlemen:—I first bring to your notice two cases of vascular cornea, constituting the affection known as

Pannus.

This vascularity appertains to the epithelial surface of the cornea. When in its normal condition the cornea is non-vascular. The man before you is practically blind, though his cornea may be transparent, yet it is obscured by the vessels which cover it. In health the vessels run to the margin of the cornea, and then return by looped extremities. After long-continued irritation these vessels creep over the surface of the cornea. The operation consists in destroying the continuity of these vessels. Such a procedure is known as peritomy or syndectomy. We cut not only the conjunctive but the sub-conjunctive tissue in which the vessels are lodged. Only half the operation is performed at one sitting, and the eventual repeated on the remaining half of the circle. [Dr. Levis now had the eye lids separated, and grasped with a pair of forceps the conjunctive and sub-conjunctive tissue. The pinched up portion he excised deep enough to expose the sclerotic coat of the eye. A gutter was thus made around half the margin of the cornea. The patient was directed to keep at rest and have the eyes bandaged.]

Hard Cataract.

I now show you an aged man with hard or senile cataract, caused by change in the integral structure of the lens. If we have cataract of the body of the lens, the latter is striated. When the cataract is confined to the capsule of the lens, we have irregular opacity. If we see opaque lines in the form of a Y, we know the change has followed the lines of elementary formation of the lens. There is a manner of forming a prognosis as to the rapidity of the development of cataract. If the radiating lines are broad, the cataract will progress rapidly, and the patient will probably become blind in six months or a year. If the opaque lines be faint, the time will be considerably longer. Now, the manner of operating for cataract is as follows: With a sharp-pointed and narrow-bladed knife I pierce the lateral margin of the corner where it joins the sclerotic, keeping the point of my insrument close to the posterior surface of the cornea. I make it emerge at a similar point on the opposite side. Then I cut directly upward, and just before I free the corneal flap, I depress the edge of my knife, so as to prolong the flap, and cut it obliquely. I now let the patient rest for an instant; then introducing a delicate hook through the incision, I catch the edge of the iris, and bringing it out through the wound, clip it off with my scissors. This constitutes iridectomy, and makes a large orifice of the pupil, through which the lens can be the easier withdrawn. Now, with another hook, which I gently pass over the anterior surface of the lens, I break the capsule. Slight pressure from below upward tilts the lens from its bed, and with this loop of wire I pass under the lens and thus extract it. The operation is painless; I give no chloroform. I pack, softly, some pledgets of picked lint over the man's eyes; secure them by slips of isinglass plaster, and do not remove them for a week.

DR. MAURY'S CLINIC.

Suppurating Bubo.

Gentlemen:—I first bring to your notice a man suffering with bubo, which is suppurating. There are three ways of opening a gland, which is filled with pus. First, by puncture and by the perpendicular and oblique incisions. You need not fear hemorrhage, except in those rare cases in which the epigastric artery pursues an abnormal course. I now quickly sink my knife in the gland, and press it verticaly upward, or rather describe an upward arc, while the point remains stationary, and then withdraw it.

I now bring before you a man who was an inmate of the institution while I was one of the internes, in 1862. He then suffered from stricture at the unusual site of the membranous portion of the urethra. Now, as I introduce a sound, I first meet with an obstruction about two inches from the external orifice. But a little pressure allows the passage of my instrument. You can use a little more force, not violence, in the spongy urethra, than in other parts of the tube. My instrument passes one or two old cicatrices, and finally encounters an obstruction at the membranous urethra. Before proceeding further, allow me to show you a new instrument, Volimier's for rupturing urethral strictures. You see it consists of two delicate bars of steel wire, which hinge at the distal end, when closed, being a sound, and when open, looking not unlike, a pair of scissors. Prof. Bumstead, of New York so modified this instrument, that the little tip would unscrew and a rat-tail flexible bougie be screwed on in its place. In the event of passing the

bougie, when the sound could not be passed, the latter could be attached to the former, and pushing it before, let it now pass the bladder and curl up, while the point of the hard instrument was thus introduced through the constriction. The instrument should always be introduced closed, so that the mucous membrane of the urethra will not catch in it and have pieces bitten out. Finally, to complete the instrument, there are heavy stillettes with grooves to suit the blades of the sound; these, guided by the blades, are driven swiftly and forcibly through the stricture and thus rupture it. [Dr. M. then ruptured the stricture according to the above method.]

This man will have to have a sound constructed of the size of the normal calibre of his urethra, and pass it once a week, during the remainder of his life, to prevent the recurrence of this affection. You see I can now readily pass a No. 14 sound.

UNIVERSITY OF PENNSYLVANIA.

June 8th, 1870.

Surgical Clinic of Prof. D. HAYES AGNEW, M. D.

(REPORTED BY DR. DE F. WILLARD.)

Urinary Fistules Resulting from Stricture—External Perineal Urethrotomy.

G. A. R., æt. 27; white.

Gentlemen: This man comes before you with the following history: Eleven years ago he contracted gonorrhœa; it was neglected and became a chronic gleet, which, however, gave no serious inconvenience until about 1863, while in the army, at which time he began to show symptoms of urethral or vesical irritation, and was treated for gravel, cystitis, etc., but with no relief. This irritation continued to increase, micturition became difficult, and at times would suddenly cease, but he never noticed any marked diminution in the size of the stream.

After his return in '65 his difficulties increased, and his sufferings were at times intense, being unable to void urine except by severe straining, and sometimes not at all for 24, 36, or 48 hours.

In '67, after violent expulsive efforts, suddenly something gave way in his urethra, and on the following day the surrounding parts were found swollen, inflamed and tender, which condition continued until in process of time an opening formed in the median line of the scrotum, and a discharge of pus and urine took place, and since that time urine has passed from this opening at each micturition. Other abscesses followed, and you will now see their various orifices upon the sides of the scrotum or insides of the thighs, looking like red teats or prominences, from all of which urine is sometimes passed.

Last year, he fell into the hands of a surgeon, who, recognizing the cause of all his trouble, made an exploration of the urethra, and found numerous dense, unyielding strictures; one, just behind the glans, quite tight; a similar one a little farther on, and several lesser ones between this point and the membranous portion, at which latter place was found one so tight that all attempts to enter the bladder was unavailing. Since that time the patient has been under treatment, and dilatation of the strictures nearest the glans has been effected to a considerable degree; although one about two inches from the meatus still grasps the instrument quite tightly; and at the membranous portion is a bad one, extending for some distance, and is very dense and unyielding. The urethral tract has thus been kept open, but to an imperfect degree; and this constant discharge of urine renders the man's life miserable, and unfits him for physical exertion to such an extent that he has been sent to us from the country for operative relief.

We have here, then, a clear history, such as is usually found in these cases. A man contracts gonorrhœa; it assumes a chronic character; inflammatory deposits and indurations narrow the canal, forming strictures; gradual dilatation and attenuation of the urethral walls takes place behind these strictures; at last during violent expulsive efforts, the canal ruptures; urine makes its escape into surrounding structures; abscesses follow, opening upon the surface, and we have a fully-developed urinary fistule.

Oftentimes the urine forces itself into all the tissues of the perinæum, making its way in the direction of least resistance, which is forward toward the scrotum and penis, and upward upon the abdomen. It cannot pass down the thighs, since the deep layer of the superficial fascia is firmly attached along the rami of the pubes and ischia; neither can it pass backward, since this same fascia unites with the anterior layer of the deep perineal fascia. The forward course, then, is the only route which can be taken when the rupture is in front of the membranous portion. When extravasation has taken place, and swelling, fluctuation, etc., are perceptible, it is usually the best plan freely to incise the perinæum, thus allowing escape of the fluids, and preventing any further burrowing with its resulting injuries, which rule, will also hold good in acute traumatic injuries of the urethra. You may produce a fistule, but this is safer than allowing the urine to remain confined, and often the wound will heal of its own accord and leave no such sinus

This man can now pass his water with comparative comfort; still, he is often unable to hold it more than half an hour, and at other times suffers great pain during its passage; and there is a constant discharge from each of these openings. His condition, therefore, is such as to justify an opera-

tion, but its prognosis will depend upon the condition of his urethra and the extent of the stricture; and these, I find by exploration to be favorable, since a sound of good size can be carried into the bladder without difficulty. He has a slight, continuous discharge from the urethra, and the whole tract is tender to the touch. He informs me that some of the sinuses have closed of their own accord, so that there are now but four remaining; and the central one is probably the first that opened, the others being but offshoots or branches, there being but one break in the urethra. I carry a grooved sound into the bladder, and taking a probe, easily pass it through the first fistule down until it strikes the staff; and then traverse all the other fistules with similar probes, and find them all passing down toward this central one, where I can feel them impinging upon my first probe.

This then, is a favorable case for operation, and promises us good hopes of complete success. The question as to the justifiability of this operation of urethrotomy has been discussed with warmth by various surgeons, extremists contending, on the one hand, that the operation is too hazardous to be undertaken merely for the relief of the complaint; on the other, that it should be performed in *every* case of narrow stricture. The proper course lies between. Each case should be individually studied, and a decision arrived at, according to the state of impermeability or resiliency of the stricture. Extensive disease of bladder or kidneys would, of course, contraindicate any interference. The cases justifying operation are comparatively small, and every available means of relief should be faithfully tried before attempting such a procedure. In regard to the dangers of the operation, I think they have been over-rated, but, of course, the patient has to run all the risks of hemorrhage, infiltration of urine, erysipelas and pyæmia; still these dangers may be greatly lessened by careful attention. Its success or failure will depend largely upon the condition rendering the operation necessary, which may be desperate in itself. It is often the last and only resource, but should always be undertaken with great caution.

In regard to the permanent benefit to be derived, I am certain that in a majority of cases, the fistules may not only be healed but by the persistent passage of an instrument for an indefinite length of time—at stated intervals, perhaps, all through life, a return of the difficulty may be entirely prevented; but without this precaution there is always a liability to such return.

When the stricture is impermeable to an instrument the difficulty of operation becomes greatly increased, since the urethra may be so tortuous and contracted as to be scarcely recognizable from the surrounding fistules, and the surgeon is obliged to proceed with extreme caution. It has been recommended in these cases that the bladder be distended in order that when the urethra cannot be recognized, assistance may be given by pressing above the symphysis pubis, thus causing the water to flow away and indicating the canal. It should be remembered that even where a small instrument cannot be passed, yet it is sometimes possible to introduce a delicate whalebone bougie, thus giving a guide to the track, and preventing the mistake of slitting up a false passage.

In the case before us we have not this complication, since I have already introduced a grooved staff of moderate size, and the operation will therefore consist in cutting down upon this in the mesial line of the scrotum, and dividing the whole of the cicatricial tissue of the urethra, also slitting up the various sinuses that they may granulate from the bottom. The finger should be introduced into the rectum to insure greater safety, and no portion of the stricture should be allowed to remain undivided. I shall not retain a catheter in position after the operation, for I am confident that its presence is prejudicial rather than beneficial, and that it does *not* prevent the urine from coming in contact with the freshly cut surface, for it will still pass out around the catheter, and through the wound, no matter how large the instrument may be.

Moreover, I am convinced that it retards the healing of the wound, and increases the danger of another fistule; that it is sometimes the cause of "urethral fever;" that it may set up an inflammation of the bladder, and even cause perforation, peritonitis and death, as occurred in the practice of Prof. Spence of Edinburgh; and lastly, if long retained, it may become incrusted by the urinary salts, and thus add to irritation.

The safer and better plan, and the one which I shall pursue in this case, is as follows: This man has been under training for a week, and has learned to introduce the instrument for himself, since upon this depends in a great measure the final result of the operation. After the operation, the urine will be allowed to pass through the wound as it pleases, since it will do no more harm than after lithotomy, until such time as granulation has fully commenced, the catheter, meanwhile, being passed but once daily, merely to keep the track of the urethra well open. After this time, however, he will be instructed to draw his water as often as necessity may require, thus preventing anything from passing over the healing wound, and giving us a better result than could occur with a long-retained catheter.

This case is an instructive one, since it shows you the results of neglecting a stricture during its formative stage, when it is best treated; and the consideration of which I will take up as cases present themselves.

[The operation as described was then performed,

a free external incision being made, and the urethra divided to the extent of two inches. A cold compress was placed in the wound to prevent hemorrhage. No catheter retained. DE F. W.]

Subluxation of the Semilunar Cartilages.

J. G., æt. 28 years. This patient, who is a stout, robust man, and somewhat of an athlete, comes to us with the statement, that a few days since, while engaged in one of the Scottish games, which often require great strength, as you know, he suddenly felt something give way in his knee, while in a stooping posture, and that he immediately found himself unable either to walk or straighten the limb.

This accident had happened to him upon several previous occasions, and had always been relieved by the manipulations of companions, and it was thus successfully treated at the time above mentioned. He comes to us now complaining of resulting pain and stiffness of the joint, and desires advice as to the prevention of this inconvenient difficulty.

This complaint may arise from two sources; the first and more common, a displacement of the semilunar cartilages; the other, from movable bodies situated within the joint.

Movable bodies in the joints, first mentioned by Pare, though fortunately not common, yet when present, often become a serious source of annoyance and danger. They are found more often in the knee than in any other articulation, attributable perhaps, to its large size and greater liability to inflammation, and are here, as elsewhere, subject to great variety in size, number, consistence and structure. In size they are from that of a pea, to the volume almost of the patella itself, and sometimes flattened so as almost to resemble this bone. But their usual shape is irregular, dependent somewhat upon their number and position. Their structure is fibro-cartilaginous when young, advancing subsequently to cartilage and then to true bone. They are found either floating loose in the joint, or attached to the synovial membrane, upon the free surface of which they were probably originally developed, though it has been claimed that they are developed in the sub-serous tissues; yet this is improbable from the density of their structure.

Their original cause is still unknown, though they are doubtless the peculiar result of some form of inflammation, but as they are detached and float in the joint, they become a source of great discomfort by suddenly slipping between the opposing surfaces, giving rise to extreme pain, and effectually preventing locomotion until they again slide from their position into some less prominent portion of the articulation. When they are in great numbers, as sometimes happens, this difficulty becomes almost constant, and an operation for their removal is necessitated, since their irritation may produce a serious synovitis; interstitial deposits may take place and the patient become hopelessly lame.

When these inter-articular bodies exist we should endeavor to confine them in a fixed position by the use of laced bandages, etc., but they may resist all treatment, and ultimately require removal, which is, however, an operation attended with considerable risk. Syme and Goyrand have recommended subcutaneous incision of the joint, as I have done; but even with this precaution severe symptoms may follow. When these bodies are present they can usually be felt by the surgeon, upon the sides of the patella, a little above or below, but in the case before us I can discover nothing of the kind, and, therefore, conclude that he is suffering from an abnormal mobility of the semi-lunar cartilages, which are cup-shaped bodies attached to the head of the tibia, serving to deepen its surface for articulation with the condyles of the femur, and are held in position by the coronary ligaments and by slips to the crucial ligaments.

When now a violent wrench or twist is put upon these attachments, especially if they are abnormally loose, or the patient in a feeble, relaxed condition, they may give way entirely, or be stretched to such an extent as to allow the cartilages to slip from their natural position, and become wedged in between the tibia and femur, the leg being held in a semi-flexed position, and the patient unable to walk, while the pain is so severe as to sometimes cause syncope.

Sometimes the cartilages can be felt in their abnormal position, in which case there is no difficulty in diagnosis, but more often we are obliged to rely entirely upon the symptoms, since swelling soon takes place from pressure, and effusion occurs.

Reduction is best accomplished by placing the patient upon the edge of a table, the femur extending a little beyond the edge, then by a forcible flexion of the leg beneath the table, accompanied at the same time by a downward motion, dragging the head of the tibia away from the femur, we may easily cause them to slip into their original position, and the deformity will be instantly relieved. Another method is to bend the knee forcibly over the arm of the surgeon, which is placed in the popliteal space. After reduction there is strong tendency to a reproduction of the difficulty upon any violent exertion, and the knee should, therefore, be tightly enveloped in a tightly laced knee-cap, thus giving the needed support to the part.

[A firm knee-cap was ordered for the patient, and he was directed daily to use cold douches, stimulating liniments, etc., and to avoid all sudden movements or exertion.—DE. F. W.]

——Cholera is quite severe upon the west coast of Africa this summer.

Medical Societies.

OHIO STATE MEDICAL SOCIETY.

Report on Vaccination, by Wm. B. Davis, M. D., of Cincinnati.

Dr. Davis made an elaborate report on the subject of vaccination to the Ohio State Medical Society, at its late session in Cleveland, June 15th. It briefly treats of

1. The small-pox epidemic of 1868-69 in the United States.

2. The alleged degeneration of human vaccine lymph.

3. Animal vaccine.

4. Vaccino-syphilis; with

5. An *appendix* containing letters from Edward C. Seaton, M. D., Medical Inspector of the Privy Council, England; J. K. Barnes, M. D., Surgeon General, U. S. Army, and Wm. Clendenin, M. D., Health Officer of Cincinnati.

Its conclusions on these several points are as follows:

1. When care is exercised in the selection of subjects, there is no evidence that vaccine virus has lost its activity or prophylactic effects by continued human transmission; on the contrary the Jennerian lymph, now in use in the British vaccine establishment, and the "Findel Anstadt," Vienna, demonstates that its virtues are retained. The former was taken from the cow over fifty years ago, the latter seventy.

2. The evidence of the Profession of England, Germany and America is to the effect that lymph direct from the cow is not so certain to infect, is much more violent when it does succeed, and has no more protective power than human lymph. In France, where animal vaccine has been in general use for the past six years, it has not given any greater protection against small-pox. On the contrary, it seems to have given less, and the French are now returning to the practice of human vaccination.

3. The transmission of constitutional affections particularly syphilis, by means of the vaccine virus (a) is opposed by statistics, which report a reduction in constitutional affections, and an extension of the average duration of life, since the introduction of vaccination.

(*b*) It is opposed by the experience of the greatest vaccinators and syphilographers.

(*c*) It is opposed by pathology.

(*d*) It is opposed by the *experimentum crucis*, the use of lymph from the arm of a syphilitic patient.

4. A large proportion of the alleged cases of vaccinal syphilis are based on insufficient or defective evidence; the remainder may be reasonably accounted for, without compromising the vaccine, on the grounds

(*a*) Of the influence of prevailing diseases.

(*b*) A cachectic diathesis, and

(*c*) Latent constitutional syphilis.

The report closed with a recommendation that the Ohio Legislature be petitioned to enact a law requiring all pupils of public schools, and all inmates of other institutions, to be vaccinated, and to provide for the appointment of physicians who shall semi-annually inspect the pupils of public schools, and give a certificate to those who are protected; and no pupil shall be continued without a certificate of vaccination.

We forward you the chapter on animal vaccination:

Animal Vaccination.

Vaccination with primary cow-lymph is but seldom performed, on account of the severe constitutional effects which attend its evolution. With a view of modifying these effects, which experience has proven, bear no relation to the protection given, and were not essential to it, the primary cow-lymph is passed through a succession of heifers and then transplanted to the human subject, and this is termed *Animal Vaccination.*

Those who favor animal vaccination assign the following reasons for so doing:

1. The vaccine virus loses its protective qualities by successive transmission through the human subject.

2. Human vaccine may convey other diseases, particularly syphilis.

3. Animal vaccination is the surest method of obtaining and transmitting the vaccine virus in its original activity, without any danger of syphilitic taint.

Those who oppose it say that the above claims are mere assumptions which time and experience alone can establish. On the contrary, it is claimed that the experience of the past seventy years has demonstrated:

1. That vaccine virus improves upon each remove from the cow or heifer until it is fully humanized. Then it presents the Jennerian aspect, and has arrived at its full period of maturity when its infection and protection are the greatest.

2. Animal vaccine is more uncertain in producing infection, is more violent in its effects, when successful, and gives no greater immunity against small-pox than human vaccine.

These latter propositions are fully sustained by the testimony of those physicians of our country who have given the most attention to the subject of vaccination.

The English authorities are almost a unit in support of them. Dr. Seaton, in his *Hand book on Vaccination*, calls attention to the fact, that the

primary cow-lymph obtained at Beaugency, in 1866, after passing through three heifers, was used at the Academy of Medicine, Paris, and was found to improve by a few transmissions through the human subject. When some of it, thus humanized, and some of it continued through animals, were used in the vaccinations of the same subjects, the vesicles of the humanized lymph were manifestly the finer and better developed.

Hebra may be cited as an authority, if not an exponent of the German profession. Concerning him, my Vienna correspondent, before alluded to, writes: "In regard to Hebra's opinion about vaccination, I can only state that it is the same as that which prevails mostly in the medical world now. * * * Further, no return to the cow for fresh matter is necessary. The lymph derived from the cow is not nearly so certain to infect, is much more violent in its operation when it does succeed, and has no more protective power."

Animal vaccination has had a strong hold on France for the past six years; indeed, so general has its use become, that, to-day, human vaccine lymph can scarcely be found in any part of its territory.

M. Depaul, the official Director of Vaccination, espoused animal vaccination in 1864. Since then his eloquent tongue and fertile pen have made all France run wild upon the subject. I have now before me nine elaborate papers, which he has very kindly sent me, written by him at different times, between 1864 and 1870, strongly advocating Animal Vaccination, the degeneratin of human lymph, and the conveyance of syphilis by means of the latter.

From the first, these views met with a powerful and persistent foe in the person of M. Jules Guerin. He contends that a comparison of the evolution of the two vaccines evince a marked superiority in favor of human vaccination, and allow us to infer a like superiority for its preservative virtue.

Jennerian vaccination, he says, is cow-pox, spontaneously modified by the human organism—that is humanized. Animal vaccination is the artificial inoculation of cow-pox in the heifer, and direct vaccination from the heifer to man, without the intervention of the human element. He cites statistics to show that the success of animal vaccination compared with human vaccination, is as ten to thirty. Nevertheless, animal vaccinations became popular, and all France bowed down and worshipped the Calf.

The general use of animal vaccine in France, during the past six years, affords an opportunity, on a grand scale, of testing the comparative merits of the two vaccines.

Fortunately, we have a standard for comparison afforded us in Ireland, where vaccination was made compulsory in 1864, the same year that animal vaccination was introduced into France. In Ireland the vaccine lymph used was that furnished by the National Vaccine Establishment, which was obtained by Jenner himself from the cow, and has been perpetuated ever since by human transmission.

If the protective virtue of animal vaccine against small-pox is superior to human vaccine, we may expect to see it demonstrated by fewer cases of small-pox occurring in France, in proportion to its population, than in Ireland, during the period of 1864–70.

Let us examine Ireland first.

The following table is kindly furnished me by no less a person than the Medical Inspector of the Privy Council, England, Dr. Seaton, and is official:

The average annual deaths from small-pox in Ireland for the ten years preceding 1864 was 1,272.

Vaccination made compulsory from January 1, 1864. In 1864, deaths from small-pox, 854; in 1865, 347; in 1866, 187; in 1867, 20; in 1868, 19; in 1269, 3.

"There is not now (April 9, 1870), and has not been for nearly a year, any small-pox at all in Ireland."—*Seaton.*

Now let us turn to France and see how effectually animal vaccination has protected her from small-pox. The *British Medical Journal*, March 26, 1870, publishes a letter from its regular Paris correspondent, from which I extract the following: "In writing to the *Journal* on the 18th of October last, I alluded to the alarming prevalence of small-pox, the consequent panic, and the consequent demand for re-vaccination. Since that date the epidemic has continued; and laterally not only in Paris, but also in other towns in France, it has assumed formidable proportions and produced intense social uneasiness." April 30th, the same correspondent writes, "Animal vaccination has been a failure in this epidemic." For the week ending May 14th, there were 179 deaths from small-pox in Paris, exclusive of deaths in hospitals—population 1,825,274. (In London for the same week there were two from small-pox—population, 3,170,754.)

The results of the comparison then, may be briefly stated: *Human vaccination* made compulsory in Ireland in 1864. On April 9th, 1870, there was not a case of small-pox in all Ireland, nor had there been for more than a year.

Animal vaccination adopted in France in 1864. May 14th, 1870, there is a formidable epidemic of small-pox prevailing in France, which began in October, 1869, and shows no signs of abatement.

The French people are alarmed, and all Paris is placarded with warnings of the small-pox, and the necessity of vaccination. Upon every corner gaudy posters inform you that certain doctors are prepared with heifers, and will vaccinate from them at certain hours. Their offices and the adjacent streets

are said to be thronged daily with an immense multitude seeking protection from small-pox by means of the calf. It has been estimated that Dr. Lanoix, one of the more popular vaccinators, has received 10,000 francs in one day from vaccinations. His worship of the heifer, and his beautiful street-corner posters have not been in vain.

Not to detain you with details, I will say, that after an unparalleled faith in animal vaccination, and after a terrible opportunity of testing its merits, the French physicians and people are losing confidence in it, and are returning to human vaccination.

Very recently the medical officers of the Bureau de Beinfaisance of the Seventh Arrondissement of Paris, have unanimously adopted and signed the following declaration in favor of human vaccination:

"We, the undersigned, medical officers of the Bureau de Beinfaisance of the Seventh Arrondissement, after examining, watching, and comparing the results of the vaccination services established at the Mairie of the Seventh Arrondissement with vaccine lymph taken from the heifer, are of the opinion that the results are most unsatisfactory, even in the case of infants; and that this system ought to be discontinued; and request that Jennerian lymph be placed at their disposal."

I shall close this division of my report by quoting from *La France* a just tribute to a great man: "There are occasions when it is a duty resolutely to fight against the opinions of the many, and to show an uncompromising front to prejudices. It is in this spirit that for many years past M. Jules Guerin has, without truce and without giving an inch, conducted his brilliant campaign against animal vaccine. A campaign which has at last been crowned with success. The question is now definitely adjudicated; animal vaccine has fallen."

Editorial Department.

Periscope.

On Artificial Fecundation.

Dr. Girault, of Paris, lately read an essay before the Medical Society of the Pantheon, entitled "A Study on Artificial Generation in the Human Race," an abstract of which we translate from the *Wiener Medical Presse*, May 1: He recalled the experiment of Spallanzani, Holler, and others, and then spoke of his own attempts, which in a number of instances had proved successful, while in others they had failed. As far back as 1839 he had been consulted by a married couple, the wife 25 and the husband 27 years of age, who, although in apparent good health, had been united five years and were still childless. Dr. Girault used a glass syringe, and injected some of the spermatic fluid of the husband into the uterus. After repeating this on three separate occasions, she became pregnant, and was delivered of a healthy boy. The child died of croup when four years old, which his mother regarded as a punishment upon her for the method in which he was conceived, and refused to submit to another artificial conception.

In 1840, a musician called on Dr. Girault, on account of childlessness, resulting from a hypospadias. His wife was 24 years of age and healthy. Dr. G. threw some of the spermatic secretion into the uterus on the 27th of August, and on the 30th of the following March she was delivered of a healthy girl.

A man, sixty-five years old, married to a wife of twenty-seven years, had passed seven years without offspring. The pair applied to Dr. Girault, who, after four failures, succeeded so completely on the fifth attempt, that in nine months afterward the lady was delivered of a pair of twins, one boy and one girl. The latter died after three months, but the former survived and was healthy when last heard of, at the age of nine years.

Dr. Girault reports in all twenty-seven attempts at artificial procreation in the human female, of which ten were successful, and others doubtless would have been, if the couples had been more persevering in their efforts, and allowed him to continue his endeavors.

The only instrument necessary is a uterine catheter with a funnel-shaped opening at the external end. Into this the sperm is placed, after the point has been introduced into the cervical canal, and blown into the cavity of the uterus. Proper care must be taken that the instruments is of the temperature of the body, and it is important to convince oneself that the semen contains active spermatozoa, with long and rapidly vibrating tails, as the latter is the sign of their fecundating power.

Medical Students in Great Britain.

According to returns to the Medical Council, in 1869, 240 more students registered in that year than in 1868. The numbers for 1869 are—for England, 530; for Scotland, 317; for Ireland, 317; in all, 1,164. The numbers in 1868 were—for England, 483; for Scotland, 265; for Ireland, 175; in all, 924.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 23, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July* 1870.

Those designing to subscribe from that date *should send in their names immediately* as a guide to the size of the edition.

☞ Although we made a liberal allowance for new Subscribers from the 1st of January last, our stock of some numbers was exhausted before April, and many were unable to obtain complete files from the commencement of the volumes. *Hence the necessity of an early notification from new subscribers.*

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

MATERIA MEDICA AS AN ELEMENT IN MEDICAL EDUCATION.

It is to us quite incomprehensible how many medical teachers, and some of them eminent ones at that, can so entirely misunderstand the value of a knowledge of materia medica to the practicing physician. A year or two since, when there was a meeting of professors of medical schools at Cincinnati to map out a better plan of medical instruction, part of the programme recommended was the dropping of the study of materia medica from the course.

Quite recently Professor HUXLEY distributed the prizes at University College, London, and took the opportunity to make some remarks on medical education in general. He spoke of various shortcomings in the present English system; for instance, the want of practical instruction in physiology. The remedy he suggested was the centralization of the teaching of the theoretical branches of the profession in not more than three central institutions, where able professors could be maintained. He would cut down these theoretical branches to a considerable extent, and would have the elements of physical science taught in the primary schools—physics, chemistry, botany, and the like. Comparative anatomy ought to be absolutely abolished, although it would involve the putting back of such branches as zoölogy and botany to the student's early education in ordinary schools. He would also abolish Materia Medica. [Cheers.] He could not understand why gentlemen who had to practice medicine should be obliged to learn all about drugs, and where they came from; they might just as well be required to learn all about cutlery because they used knives. [Laughter and cheers.]

This we regard as the feeblest kind of *ad captandum* argument, which would astonish us more if that distinguished professor had not, on various previous occasions, condescended to the same sort of flashiness.

We presume he and any one would grant that it would be necessary for the surgeon to know all about cutlery, if this knowledge was necessary to assure him that his knives are of any value.

One *must* know Materia Medica, and know it well, to be able to judge whether the drugs he buys are of any worth or not. Probably three-fourths of the physicians, both in this country and England, dispense their own medicines.

Should they not be able to buy them intelligently?

Let the public once know that physicians are ignorant about drugs, and they will deservedly lose confidence in them. To take an analogy more correct than Professor Huxley: the shoemaker who knows nothing of leather is not the man to make our boots.

Notes and Comments.

A Case of Triplets.

Our correspondent, Dr. L. L. Jones, of Deerfield, Mich., writes us:

"I was summoned on the morning of the 25th of June to the bedside of Mrs. C., æt 32. Weight, in ordinary health, 115 pounds. Found her in labor for the fourth time. She progressed finely, and was soon delivered of three boys in quick succession. The first weighed six pounds four ounces; the second, five pounds ten ounces; and the third five pounds two ounces. The first two were attached to a common placenta, the third had a placenta of his own. Seventeen pounds of baby, all doing well."

Suicides.

In England persons who attempt the destruction of their lives are not left unquestioned. They are taken in charge by the police, and if uninjured, are examined at once by a magistrate. If so disabled as to require medical treatment they are conveyed to some hospital, and not lost sight of by the police until the case has been passed upon by the magistrate. He may either commit them, or give them in custody to any friend who will give security for their restraint. All this has been so long discontinued in this country, that the idea of crime is no longer connected with such attempts. The universal presumption is that the person who attempts self-murder is insane, and, therefore, not amenable to judicial inquiry. To commit the felony of suicide, as defined by Blackstone, a person must be of years of discretion, and of sound mind. Suicide as a crime is no longer recognized in this country, and the term ceases to be applicable. No penalty is inflicted for the attempt, and posthumous proceedings against the estate are unknown here.

Composition of Pure Wines.

Port, pale sherry and Madeira contain, each, 20 per cent. of alcohol, or 4 oz. to the imperial pint. The first has, in addition, 1 oz. of sugar to 80 grains of tartaric acid; the second, 80 grains of sugar and 170 of tartaric acid, and the third, $6\frac{2}{4}$ drachms of sugar and 100 grains of the acid. Brown sherry is stronger than pale, both in alcohol and acid, but contains somewhat less sugar. Champagne comes next in strength, its proportion of alcohol being 3 oz. in the pint, with the addition of no less than $2\frac{2}{4}$ oz. of sugar, and the same quantity of acid (90 grains) as brown sherry. Burgundy contains $2\frac{1}{2}$ oz., claret, 2 oz., hock $2\frac{1}{4}$ oz., and Moselle $1\frac{1}{2}$ oz. of alcohol, and of sugar in the proportions, respectively, of 160, 161, 170, and 140 grains of tartaric acid. Claret is the only one of the four that contains sugar.

The Yellow Fever.

Reports from New York state that vessels are daily arriving at the quarantine grounds from ports in South America and the West Indies, infected with yellow fever, and bringing evidences of illness and death abroad from this disease during their voyage.

A New Cause of Arsenical Poisoning.

The pursuit of science is attended with dangers as well as difficulties. M. Delpech, in the *Annales d'Hygiène*, for April, calls attention to some cases of arsenical poisoning from stuffed birds and animals. It is well known that the taxidermist relies largely on the preservative powers of arsenic, and in large collections the air becomes charged with minute particles of this poisonous metal, and may induce, in curators and students, troublesome and even dangerous symptoms.

Correspondence.

FOREIGN.

London, June 16, 1870.

Eds. Med. and Surg. Reporter:

Spending now only a few days here on my way to the continent, I am unable to visit any of the hospitals or other medical institutions. When I return, some months hence, I hope to communicate details in regard to hospital management, etc. I wish to record now, however, a few facts in connection with recent therapeutics, for which I am indebted to Dr. Horace Dobell, Senior Physician to the Royal Hospital for Diseases of the Chest, London, etc., and editor of "Reports on the Progress of Practical and Scientific Medicine in Different Parts of the World," the first volume of which work has been recently noticed in your journal.

Vaporization of Carbolic Acid.

This method of applying carbolic acid for remedial and disinfectant purposes, is just coming into use, and is doubtless new to your readers. A volatilizing apparatus for the purpose has been devised by Messrs. Savory & Moore, chemists, of New Bond

street, London, by means of which any quantity of carbolic acid may be diffused through the air of rooms, hospital wards, etc., in a slow but constant current. In this manner the vapor has been used in the treatment of contagious and pestilential diseases, also in phthisis, whooping cough, etc., and in such local complaints as quinsy, diptheria, etc.

The vaporizer may, of course, be used for other fluids as well as carbolic acid.

In this way carbolic acid may be brought in contact with atmospheric germs or parasites, with the organ of respiration, or with any local surface requiring the aid of antiseptics. Small quantities only of the acid are volatilized, in a room of ordinary size, at regular intervals, for from ten to twenty minutes, night and morning. This is all that is required for medicinal and sanitary purposes such as disinfection, inhalation, fumigation, etc., as the acid is energetic and the whole amount vaporized is dispersed through the air.

The disagreeable odor of carbolic acid is not at all difficult to disguise. An *aromatic or perfumed carbolic acid* is prepared by the admixture of oil of lavender, etc., which diffuses an agreeable odor of incense, but leaves the virtues of the acid unimpaired.

In order to disinfect rooms, bedding, clothes, etc., after small-pox, fevers, and other infectious diseases, charge the vaporizer as directed above, with the full quantity (about one ounce) of carbolic acid, and when the vaporization commences, place it on the floor in the centre of the room, and close the doors and windows, not allowing them to be opened for four or five hours. The clothes, bedding, etc., should be arranged loosely over the backs of chairs, or suspended so as to expose as much of them as possible to the action of the vapor. This should be repeated morning and evening for three days, after which the air should be freely admitted to the room for several days.

This convenient method of applying the most powerful of all known antiseptics will undoubtedly soon come into use. By means of a flexible tube, fitted to a modification of the volatilizer, the vapor of carbolic acid may be conducted to and kept in contact with a wound or diseased surface so as to secure its exclusive local action.

Pancreatic Emulsion and Pancreatine.

Pancreatic emulsion, and pancreatine, scarcely known in American practice, are largely prescribed here in phthisis and wasting diseases. Dr. Dobell originated and first determined the value of the artificial emulsion of fat with pancreatic juice. He has employed it more extensively than any one else, under the belief that in patients affected with scrofula and consumption, there is a defective action of the pancreas, and consequently an inability to properly digest and appropriate fat. His first experiments were made with an emulsion of beef-fat with the pancreatic juice of the pig. Very satisfactory results were obtained; and in cases in which cod-liver oil disagreed, pancreatic emulsion of lard oil was also used with equal success. The four principal pancreatic preparations now made by the well-known firm of Savory & Moore are: 1. Pancreatic emulsion of solid fat. 2. Pancreatic emulsion of cod-liver oil. 3. Pancreatic emulsion of lard oil. 4. Pancreatine.

The first of these, seems to be the preparation most generally prescribed by the profession. I notice that it is highly commended by Dr. Thomas King Chambers, Dr. Fuller, of St. Georges' Hospital, Dr. McNarma, and many others whose names are well known to American readers. It is in the form of a white paste, with the consistency of thick cream. Although the pancreatic juice unmixed with fat rapidly decomposes, this emulsion remains good for a long time. The dose is one to three teaspoonsful, repeated once or twice a day, and is usually administered in a cup of milk, to which a little brandy may be added. It should be taken two hours after a full meal, and warm drinks avoided for several hours afterwards.

While cod-liver oil frequently disagrees and then does harm by disordering the appetite, the well-made pancreatic emulsion of solid fat improves the appetite and the digestion. Unlike cod-liver oil, also, it can be admiuistered for an indefinite time, if required. The pancreatic action of the emulsion rapidly converts a large quantity of a mylaceous food into dextrine and sugar, thus supplying to the blood at the same time with fat, an increased quantity of carbon from the carbo-hydrates. It is in this manner that Dr. Dobell accounts for the remarkable stability of the improvement obtained from this restorative agent after the failure, or only evanescent success, of cod-liver oil. In those cases in which cod-liver oil agrees, Dr. D. administers a teaspoonful of it directly after breakfast, and a tablespoonful of the emulsion in a cup of milk (or of water, in cases in which milk cannot be digested), two hours after dinner. In this way he supplies to the blood olein through the portal system, and pancreatised solid fat through the lacteal system. When cod-liver oil cannot be taken he administers the emulsion twice a day, two hours after breakfast and dinner.

Pancreatine is given in doses of from 3 to 5 grains in wine or water, or on bread and butter directly after food, or immediately after each dose of cod-liver oil.

Hydrate of Chloral

Is now employed in London practice in immense quantities. Dr. Dobell informs me he finds in almost every case to which he is called in consultation, that, whatever else may have been employed

or neglected, chloral has certainly been administered. The price has rapidly fallen from, at first 18s to 20s per ounce, to now 16s per pound. It is given in doses of from 15 to 60 grains. The vehicles ordinarily used are peppermint water and syrup of tolu, the chloral being in the proportion of 10 grains to the fluid drachm.

News and Miscellany.

Prostitution in Paris.

The Paris correspondent of the *Medical Times and Gazette* says: The Paris surgeons, who have much to do with the treatment of venereal diseases, seem pretty well decided to look upon prostitution (interpreted *vendre l'amour*) as a necessary evil, against which we cannot interfere as long as the woman who prostitutes herself is not diseased. Many hold that a woman has the privilege to sell her charms to whom she pleases, and that the medical police only exists for the purpose of seeing that disease is not communicated to the purchaser. For this purpose, for the protection of the public health, men are appointed whose duty it is to seize upon clandestine prostitutes, to carry them to the nearest station for medical examination, so that, if found infected, they may be sent to St. Lazare for treatment. To show that prostitution in Paris is a commerce, like any other, over which the government must watch, the mushroom trade was cited as a comparison. Here, too, agents are appointed for the purpose of seizing upon the venomous species; but in spite of this precaution, bad qualities are sold every now and then.

The officers *de mœurs* are but thirty in number for all Paris—a number altogether insufficient, I think. The average number of women sent to St. Lazare daily—thanks to the vigilance of these agents—is something like forty, showing that the officers are either very thorough in their duty, or else diseased women are very plentiful. There are two distinct sections at the St. Lazare Hospital; the carded women (*filles à carte*) are kept apart from the clandestine. M. Clerc is of opinion that the present system is a good one, and works as well as possible without too much interfering with personal liberty. Prostitution cannot be lessened by the authorities; it can only keep an eye over it, and see that it is carried on without infection. Nothing is so easy as to have a woman arrested for having communicated disease; and in the French army the soldier is forced to give the residence of the woman, or he is punished, and, if he gives a wrong address, he is equally punished. The master of a house who suspects his *bonne* of prostitution need but give her name to the Bureau de Mœurs, and she is immediately looked after. It seems really difficult to imagine what else could be done without adopting the measure proposed by M. Le Fort, but which to many persons seems rather severe.

State Hospital for Diseases of the Nervous System.

The Trustees of the New York State Hospital for Diseases of the Nervous System have secured the large building at the southwest corner of Second avenue and St. Mark's-place, and in a few weeks will open it for the reception of patients. It will be the first hospital of the kind established in this country—the one for the paralyzed and epileptic on Blackwell's Island being no exception to this statement, as its range is limited. It is the design of the Trustees to have an out-door department, at which patients residing at their own homes can attend and receive gratuitous medical treatment. The capacity for in-door patients will be about 25 beds, and a moderate price for board will be charged for the present, as in other hospitals. It is hoped, however, before long, to make all the beds free. The officers are: Wm. H. Appleton, President; Thurlow Weed, Vice-President; H. C. Fahnestock, Treasurer; Roswell D. Hatch, Secretary. The medical officers are: Dr. Wm. A. Hammond, Physician-in-Chief; Dr. Reuben A. Vance, Assistant Physician; Dr. T. M. B. Cross, Resident Physician; Dr. Austin Flint and Dr. Geo. T. Elliot, Consulting Physicians; and Dr. James R. Wood and Dr. Lewis A. Sayre, Consulting Surgeons.

Medical Department of the University of Wooster.

The President and Trustees of Charity Hospital Medical College, for the purpose of furthering the interests of medical education, and elevating the status of the medical profession in Ohio and throughout the West, have transferred to the University of Wooster all property, museum, records and rights in action of said Charity Hospital Medical College; in consideration of which the Trustees of said University have established, in the City of Cleveland, a medical college, which shall be known as the Medical Department of the University of Wooster.

Conservative Surgery.

Dr. Béranger-Féraud has undertaken, in the *Gazette des Hôpitaux*, a review of the published cases where mere shreds separated from various parts of the body have been successfully reädjusted. The cases include partial or complete severance of portions of the nose, ear, tongue, fingers, hand, wrist, forearm, arm, and leg. These data, collected from many sources, and entailing a vast amount of trouble, will be extremely useful to those who wish to base their opinions of conservative surgery on actual facts.

A New Theory of Sleep.

Dr. E. SOMMER has contributed to the *Zeitschrift für Rationelle Medicin*, for 1869, a paper in which he promulgates the doctrine that sleep is nothing else than the result of a *deoxygenation* of the organism. According to his theory, the blood and the tissues possess the property of storing up the oxygen inhaled, and then supplying it in proportion to the requirements of the economy. When this store of oxygen is exhausted, or even becomes too small, it no longer suffices to sustain the vital activity of the organs, the brain, nervous system, muscles, etc., and the body falls into that particular state which we call sleep. During the continuance of this deep repose, fresh quantities of oxygen are being stored up in the blood, to act as a supply to the awakened vital powers. Rest produces, though in a less degree, the same effect as sleep in reducing the expenditure of oxygen.

Death of Dr. Copland.

We have just announced the death of a distinguished Surgeon of Scotland, JAMES SYME, and of Sir JAMES CLARK, of London, Physician Extraordinary (we believe his title was) to the Queen; and now we are informed by telegraph of the death of another distinguished man, well known in medical literature, Dr. JAMES COPLAND. It is but a few weeks, too, since the death of Sir JAMES Y. SIMPSON, of Edinburgh, was announced. Certainly the mortality of eminent medical men in England within a few weeks has been extraordinary.

Rules of Study.

Professor DAVIES, the mathematician, gives the following rules of study: 1. Learn one thing at a tine. 2. Learn that thing well. 3. Learn its connections, so far as possible, with all other things. 4. To know everything about something, is better than to know something about everything.

Lead Poisoning.

As a preventive to lead poisoning Dr. Didierjean recommends the free use of milk. He has found it very successful in white-lead manufactories.

—— A disease, which is called the spotted fever, it is said is raging in many towns in the northern part of the State of Maine.

——Those "magnetic springs" in Michigan have been investigated, and the mystery has been found in the iron tubing.

—— Dr. Wolf, of Zurich, and other European physicians, are setting on foot a movement in favor of the decimal division of time.

—— The appraiser at the San Francisco Custom House has seized a box of dried snakes, centipedes, bugs, etc., imported by a Chinese company as medicine.

—— The census-takers in different parts of the country are collecting some very curious information. They find that the highest age attained by unmarried women is twenty-six years! It is well to have the point at which they cease growing older definitely fixed.

—— The Chicago *Republican* thinks that the colleges are over-doing the "sheep-skin business." It argues that "either the granting of diplomas ought to be abolished entirely, or they should be conferred upon those alone who are really worthy of them. A correct example in the matter should come from the older and leading universities."

—— It has been observed that in the south of Spain, when the south wind blows, linen spread out to bleach, instead of becoming white, attains a slightly yellow tinge. This effect is attributed to finely divided sand from the Sahara, carried by the wind across the Mediterranean from Africa.

——It takes an ordinance of one hundred and forty-eight sections, filling nearly four and a half long, close columns in a newspaper, to preserve the public health of the city of Brooklyn. The question is discussed there whether that ordinance was passed chiefly to preserve the public health or to give the newspapers a good advertisement.

MARRIED.

DILLER—DICKENSHIED. May 21st, by the Rev. Mr. Powle, at Reading, Pa., Dr. J. R. Diller, and Miss Henrietta Dickenshied, of Lehigh county.

KELSEY—KOUTZ. In Lexington, Indiana, on June 23d, by the Rev. John A. Campbell, Dr. J. S. Kelsey, and Miss Mary Koutz, daughter of the Rev. W. P. Koutz.

ROPES—MCCHESNEY. At Trinity Chapel, Elizabeth, N. J., July 12, 1870, by the Rev. Robert Lowrie, George H. Ropes, Esq., and Margaret A., daughter of Dr. John McChesney, of Potsdam, N. Y.

STRICKLAND—MATHEWS. At Owensville, Indiana, July 4, at the residence of the bride's father, by the Rev. Joel Hume, James S. Strickland, M. D., of Ft. Branch, Indiana, and Miss Annie Mathews, of Owensville, Ind.

WEAVER—HECKERT. June 9th, 1870, in the Presbyterian church, Shamokin, Pa., by the Rev. N. S. Buckingham, Dr. C. W. Weaver, and Miss Kate Heckert, both of Shamokin.

DIED.

DOWNEY.—Suddenly, in this city, on the 10th instant, Samuel Thomas, infant son of Dr. J. B. and E. J. Downey.

FOSTER.—In New York, July 13th, Conant, second son of Dr. S. Conant Foster, aged 10 years and 1 week.

KILDUFFE.—In this city, on the 11th inst., by accidenta drowning, Kate E., only daughter of Dr. Robert and Mrs. Ann C. Kilduffe.

KING.—Suddenly, on the 3d inst., at the residence of his brother-in-law, in Chester, Pa., Dr. S. Chase King, late Surgeon of the Fourth Penna. Vol. Cavalry.

PATTERSON.—In Cincinnati, July 12, of hemorrhage of the lungs, Mary M., wife of W. G. Patterson, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 700.] PHILADELPHIA, JULY 30, 1870. [Vol. XXIII.—No 5.

Original Department.

Communications.

THE ERGOT *versus* THE TAMPON, IN PUERPERAL HEMORRHAGE.

By O. A. Battson, M. D.,
Of Claremont, Illinois.

In the following article I propose to demonstrate the superior efficacy of the *ergot* over that of the *tampon* in the treatment of uterine hemorrhage, accidental or unavoidable; in the earlier periods of gestation, as presaging abortion, or in the latter months, as foreboding premature delivery. The distinction of *accidental* and *unavoidable*, spoken of by all writers, is of no practical importance, besides being often incorrect. Doubtless, most cases of puerperal hemorrhage arise from detachment of the placenta, the exceptions being in women who are naturally possessed of a hemorrhagic diathesis.

In his splendid work on theoretical and practical midwifery, as translated by Bullock, Cazeaux gives us a statistical report of 399 cases of placenta previa, treated by Professor Simpson, in which 134 of his cases are reported to have died. The treatment is not referred to, whether by the tampon, or by the more rational means of the ergot. Whether the rate of mortality, as shown by this report, prevails in the great cities of the United States, I am unable to determine, having as yet met with no table for New York or Philadelphia, or indeed any other of our large cities. For obvious reasons, known to every practitioner, the mortality in these cases, among women of the country, is largely decreased. Their more robust health, more rotund *physique*, and more capacious configurations of pelvis, together with less frequent contractions of this bony cavity, each and all constitute sufficient reasons for this decrease of mortality. But, not only in these cases is the mortality lessened; it is also apparent in every variety of accident, in puerperal fevers, accidental hemorrhages, abortions, and puerperal convulsions. In short, the women of the country conform more exactly to the requirements of nature than do the women of crowded cities. First, there is not so much mental excitement or bodily restraint as to exercise and dress. They eat less stimulating food, sleep more, rise earlier, breathe purer air, live more in the light of the day, and do more work, all of which are essential to a perfect model of womanhood. So much for the women of the country.

The first authentic notice of the ergot was published by Dr. Stearne, of the State of New York, about the beginning of the present century. Doubtless, it had been used empirically for some time before. Since that time the drug has been in constant use, with the profession, for the purpose of increasing both the strength and duration of the muscular efforts of the uterus in parturient women. And it is used to-day throughout the civilized world, from the rising of the sun to the going down of the same, as perhaps the greatest boon that nature has ever bestowed upon suffering woman in this her hour of tribulation and distress. But so far as I have been able to learn, no obstetrical writer has ever yet thought of using the ergot for the arrest of uterine hemorrhage before the delivery of the child. This has doubtless arisen from the fear that the drug must necessarily excite contractions of the uterus, and prematurely expel the ovum. That this *was* the reason, is conclusively shown by the fact that the ergot has been frequently used in post-partum hemorrhage, for the very purpose of exciting these

contractions, and as a consequence, of putting an arrest to the hemorrhage also. All that I know of the adaptability of the ergot to the arrest of ante-partum hemorrhage, has been derived from my own experience. I have for many years past been accustomed to its use for this very purpose; and I think from this long experience that we possess no more efficient remedy for the arrest of those profuse hemorrhages, which so frequently presage abortion. For this reason, I have long since revised in my own mind this portion of obstetrical therapeutics, and placed it in the front rank of *hemostatics*, as it always has been among *parturients*.

Inasmuch as obstetrical science has kept even pace with the advance of all other departments of the healing art, light is at last beginning to dawn upon its therapeutics, as well as upon its physiology and mechanism. It is now generally conceded of the ergot, that it powerfully increases uterine contractions, when they are already present; but, that in no case, nor under any circumstances, does it ever induce such contractions if they have not previously existed. But I will even take a step in advance of this, as to the therapeutical agency of the ergot, and assert from my own experience, and upon my own responsibility, never having seen the fact written down in the books, that in addition to its parturient and hemostatic properties, it is endowed with the additional power of suspending uterine contractions under *certain circumstances*; that is, when the contractions are preceded and caused by the escape of blood into the cavity of the uterus. In this case the ergot, by its hemostatic properties, at once arrests the hemorrhage, and the cause being now removed, the contractions, from want of a stimulus, cease to recur. In any profuse hemorrhage, for instance such as admonishes us of an approaching abortion, the ergot arrests the flooding by its inherent hemostatic effect, and the abortion is at once averted, *provided*, that the os uteri is not already *irrevocably* dilated from the sedative effects of the preëxisting hemorrhage. If the os uteri is thus considerably dilated, even though the amniotic cyst remains entire, no means or process known to our art, can possibly prevent the abortion; for the unruptured cyst will *mechanically insist* on a further dilatation, and the contents of the uterus will be inevitably expelled.

If, then, these results are true, their explanation must be sought for in the *modus operandi* of the drug employed. In what particular quality of the ergot does that power reside, by which it is so eminently adapted to the arrest of uterine hemorrhage? I must confess that I am surprised to hear such an able author as Cazeaux assert, "that the cessation of the flooding is always a necessary consequence of the uterine contractions." This might be true after the woman has lost the last drop of blood contained within the uterine walls, with no chance of their vessels being refilled from the general circulation, but certainly not before. When the vessels of the uterus are once emptied by compression from uterine contractions, there follows an interval of rest, during which they are refilled from the heart and arteries of the mother, only again to be forcibly emptied by the recurrence of the uterine contractions. This process several times repeated at length fills the the cavity of the uterus to its utmost capacity, especially if the tampon be used as Cazeaux is here contending it should be. The fetus now dies from *asphyxia*, the abortion is completed, and the mother is carried to her grave. So much then for the logic of Cazeaux.

But let us go on with the *modus operandi* of the ergot. In what does it really consist? Can it be said to possess astringency? We think not. Has it no tonic power over the now patulous orifices of the different vessels from which the blood escapes? Does it possess the power of coagulating the blood in the distal extremities of the uterine vessels? Or may it not the rather effect a *stasis* of the uterine blood by its sedative influence upon the general circulation? Or finally, may it not be explained by the persistent contractions, which the ergot is said to produce, thus preventing, by a continued compression, the refilling of the uterine vessels from the general circulation? Whatever answer may be given to any or all of these questions can be of no practical moment, for the fact remains patent to our senses, that the ergot has, by some peculiar and hidden process, arrested the hemorrhage; which process we, in our ignorance, have denominated *hemostatic*. The nearest approach to this effect of the ergot was that of a kindred drug, when Sautier so highly recommended the powdered savin in the hemorrhagic oozings of the parturient woman. If anybody should ever ascribe hemostatic pro-

perties to the savin, it would not amount to much, being rather slow in its gait; for Sautier himself had to continue his medicine for three or four months. But, not only is the hemostatic effect of the ergot thus conspicuously apparent in these specific hemorrhages of the pregnant female; but also in menorrhagia, or that hemorrhagic deviation from the normal functional secretion of the unimpregnated uterus, I have certainly found no more efficient remedy. But the radical cure of such a case is greatly promoted by the phosphate of iron, or Quevenne's iron by hydrogen. As confirmed cases are always anemic, of course the treatment by the ergot is only provisional. Neither is the hemostatic effect of the ergot confined to the specific hemorrhages of the uterus, nor to either sex. I have myself prescribed it in hemoptysis, with the happiest results. I distinctly remember a most alarming case of what I shall call hematemesis, in the person of a little girl, twelve years of age, sick of a bad congestive fever. She vomited at one time a full pint of blood. The pulse became imperceptible and the extremities icy cold. Ordered sinapisms to the spine, and to the extremities, with artificial heat, and diffusible stimulants, with the fld. ext. ergot in doses of 10 drops every half hour. Suffice it to say the hemorrhage was completely arrested, and the little patient got well. I noticed in the last REPORTER that Dr. Curran had used it with success in a case of rectal hemorrhage, in the person of a young lady, convalescent from typhoid fever. Might I not ask the doctor if his case was not one of vicarious menstruation? I have had such a case, under different circumstances, however, and declined to interfere with it. I have tried it also in what we country doctors call bloody flux, and I assure you with very encouraging success. I now have no kind of doubt, that before very long the ergot will come into general use as a hemostatic, in the hemorrhages of both sexes, and from every organ in the body.

So far as I have consulted obstetrical writers I have met with no single one who does not earnestly recommend and learnedly discourse of the wonderful efficacy of the tampon for the arrest of uterine hemorrhage, during the first six months of pregnancy, or during the period in which abortion is said to occur. But I have never yet met with any writer great or small who has even hinted at the propriety of resorting to the ergot for restraining the hemorrhages occurring during the same period. I very distinctly remember the first time I undertook to prescribe the ergot in a case of threatened abortion. The hemorrhage was profuse, and had begun its inevitable impressions upon the os uteri, having dilated it sufficiently to admit the index finger. I found the membranes becoming so tense upon each recurrence of the pain that I conceived the abortion to be inevitable, and forthwith prescribed the ergot, to hurry it to a conclusion. Imagine my surprise, then, when instead of witnessing the expected event, before an hour had elapsed the pains were suspended, and the hemorrhage completely arrested. My patient feeling very comfortable now, said she would get up and go to work. But I enjoined upon her to lay abed for the next twenty-four hours. And so I believe she did. The issue of this case made no particular impression at that time. I explained it all away by faulting the ergot as not being good; besides, I knew that all medicines at times would commit some blunder, and so in this case, I concluded that the ergot had been indulging in one of its wayward freaks. But meeting not long afterward with another similar case, and again prescribing the ergot with like results, my eyes now began to be opened, and I at last arrived at the welcome conclusion that the *desideratum* was at length attained by which the expectant mother was rendered doubly secure against the dangers of abortion; besides being consoled by the happy thought that at Nature's own appointed time she would assume the duties of a mother's social sphere, and revel in the delights of a mother's endearing love.

But let not the hope be indulged that we shall always be so successful as to realize this glowing picture. There are many dangers beset us by the wayside. We are often summoned, when it is too late, for all the resources of our noble art to avert the impending danger. I have already intimated that the degree of dilatation which the os uteri had attained would unerringly determine our prognosis as to the consummation of the threatened danger. If, when summoned to our patient, the os uteri remains undilated, or only slightly advanced, we may rest assured that the ergot, in combination with the tinct. opii, will avert the danger, no matter how profuse the flooding, or how long continued. In almost every case of abortion, I have been in the habit of prescribing the fld. ext. ergot in

20 drop doses, with 20 drops tinct. opii, every fifteen or twenty minutes, until several doses are taken; when, if the pains have subsided, the tinct. opii may be withdrawn, and the ergot administered alone, until every vestige of the hemorrhage has disappeared. I can only appeal to my own experience for the success of this treatment. The abortion is almost uniformly averted, provided always that the os uteri is but slightly dilated, and the membranes are entire. But if, upon our arrival, we find that our patient has been flooding profusely, and especially if the hemorrhage has occurred in copious jets or gushes, on each recurrence of the uterine contractions, then we may predict, with almost unerring certainty, that the os is irrevocably dilated; and that, as a consequence, the abortion will inevitably take place, no matter to what resources of our art we may appeal. It is very evident, that a considerable loss of blood, especially when escaping in profuse sluices, tends powerfully to the dilatation of the os uteri, and the more so, if the patient is alarmed, as that state of mind always relaxes the sphincters, as it has been known to do in the case of males. The older practitioners very well understood the efficacy of bloodletting in rigidity of the os uteri, and, if the case were at all lingering and the os hot, dry and thickened, they did not hesitate to resort to venesection. Many and many are the cases of rigidity of the os uteri in which we ourselves have opened a vein in the arm, and observed with satisfaction the rapid yielding of this perverse sphincter.

For the further support and elucidation of the positions I have assumed in this paper, I now lay down this additional proposition, or rather this distinct obstetrical axiom, that the fœtus, whether living or dead, can exercise no possible agency in affecting the dilatation of the os uteri; or in any way facilitate its own expulsion, except by a mere mechanical agency, and then only after the dilatation is sufficiently advanced to admit the introduction of the part of the fœtus presenting. But, I will go even further than this, and unqualifiedly assert, that no drug or parturient medicine, Cazeaux once more to the contrary, can ever induce the dilatation of the os uteri. That of itself would imply a stultifying contradiction of the therapeutical effects of the ergot, and would be as much as to say that it can, at the same moment, and in the same organ, produce such opposite results as to excite to contraction the muscular substance of the body of the organ, and to suspend the muscular tension of its sphincter. The dilatation of the os uteri is effected by a conservative or physiological law of organic life, and is alone due to the organism of the mother, residing within the muscular structure of the os uteri itself. This physiological or organic law, whatever may be its intimate nature, is closely allied to, if not identified with that indefinable, physiological principle, which we in our ignorance have been taught to call the *vis medicatrix naturæ*. And if I were to offer any further illustration of its nature, I should only say that the dilatation is effected in the same way that nature causes the sphincter of the bladder to yield to the kindly solicitations of the urine.

But there is another aspect, in which we desire, but for a moment, to contemplate this question of abortion. Whether ignorantly or designedly, we become the instruments of inducing this most unhappy event, the *moral* responsibility presses upon us all the same; for in this case we hold that ignorance will not hide the enormity of the crime. No man should pass the obstetrical threshold, unless he feels that he is properly qualified for any or all emergencies, and fully appreciates the weight of responsibility that devolves upon him as a *Christian*, as well as a *physician*. We, as conservators of the art entrusted to our care, hold as it were the welfare and even the lives of mother and child in our very palm. We are then to regard it as the very first maxim of obstetrics, *moral* as well as *scientific*, to preserve the intra-uterine life of the fœtus to the close of the gestation; when nature herself at the appointed time, and in her own mysterious way, is ready to usher the new being into its separate existence. But aside from this moral view of the case, let it be remembered that the accident of abortion having once occurred, the predisposition to its recurrence is ever afterwards fixed as the *habitat* of the woman. Even, perchance, should she be fortunate enough again and again to escape a sudden demise, with a liability to the recurrence of the accident, now permanently engrafted upon her enfeebled constitution, she is only the more slowly doomed to a weary and burthensome existence. With the seeds of disease already strewn in her young vitals, perhaps with consumption's fatal glow upon her faded cheek, and now with the fond hopes of a mother's heart and a mother's love for-

ever crushed, she still is doomed to tread, with weary and wavering step life's barren waste, where no beautiful *oases*, green with verdure or blooming with flowers, shall adorn the desert of her life; where no evergreen glades or shady bowers, with notes of prattle upon the balmy breeze, shall rest her weary form or cheer her aching breast; where no silvery rills, no pebbled brooks, nor purling streams shall dance in the sunset's mellow gleams, to cheer her on her lonely way. To her the charms and endearments of domestic bliss, and the fond imaginings of a mother's endearing love, shall never, never come, only in fleeting and ever-changing visions, that vanish on the waking of the dawn.

In the course of this article, when treating of abortion, I made a few passing allusions to the tampon, only as occasion seemed to require. But I have purposely reserved to the close of my subject a more extended review of its *merits*, or rather, I should have said, of its *demerits*. For certainly, if indiscreetly or injudiciously used, it becomes perhaps the most pernicious contrivance ever inflicted upon the sufferings of the parturient woman; often consigning both herself and child to a premature grave; or, perchance, herself escaping this untimely fate, with the germs of disease stealthily implanted in her enfeebled frame, she only the more slowly wears away an unhappy existence.

Before my subject is concluded, I expect truthfully to portray the enormities couched in the foregoing prelude, however vividly its colors may have been drawn. The invention of the tampon certainly required but little compass of thought, involving as it does the simplest of mechanical principles. The first professional notice of it was published by Leroux, who is regarded as its inventor, in 1776. Like all new discoveries, it created a perfect frenzy, which, unfortunately, caused it to be often applied without descernment, and with fatal discretion. Little thought was ever taken as to how its irritating presence near or within the os is sure to stimulate the fundus uteri to powerful contractions, which, by the mere force of persistency, gradually exhausts the tension of the muscular bands of the uterine sphincter, by which process its premature dilatation is effected. The bag of waters is now urged forward by each successive recurrence of the contractions, and being finally ruptured, the fetus, placenta, coagulæ, and tampon are expelled together.

Although the tampon is frequently used in those cases of what authors call *accidental* hemorrhage; yet it is in placenta prævia, which gives rise to *unavoidable* hemorrhage, that all obstetrical writers imperiously urge the instantaneous application of this mischievous contrivance. And, what we consider still more unreasonable and unscientific, it is positively directed to be used, even as early as the commencement of the sixth month, since about that time the first attack of the hemorrhage occurs. It may be as well to remember in this place, that from this time forward frequent repetitions of the hemorrhage occur, on account of the gradual defacement of the os uteri, detaching successive portions of the placenta, up to the very close of the gestation. I have before stated, that there was little appreciable difference in the quantity of blood lost in any case to the woman, whether we have recourse to the tampon or not. The reason of this fact is easily enough explained. The floodings in these cases of placenta prævia occur intermittingly, in jets or sluices, as they are often called. In the intervals of the contractions, when the uterus is in a state of passiveness or quiescence, or as we sometimes say, when the pains are off, the hemorrhage is inconsiderable. But these contractions being several times repeated, each successive contraction causing a renewal of the hemorrhage soon fills the cavity of the uterus. With this becoming quickly coagulated, it determines by its presence to increased contractions, and the os uteri being by this time largely dilated, from the sedative effects of the loss of blood, from the persistent contractions having exhausted its tonicity, and from the irritating presence of the tampon itself within its enclosure, the entire contents of the uterus, fetus, placenta, coagulæ and tampon are necessarily expelled in a pile together.

I unhesitatingly condemn it as an unwarrantable and unscientific procedure, to confine the extravasated blood in any case of hemorrhage within the cavity of the uterus. I am aware that all our most popular and voluminous writers have attempted the most favorable solution possible of the *modus operandi* of the tampon. It is contended, that the tampon being directly applied to the bleeding orifices, the blood is coagulated within them by the compression which it makes, and thus the hemorrhage is arrested. The placenta is

known to cover a space of some six or seven inches, and I should like to be informed whether the tampon can be applied to this whole territory at once? It must be remember that while compression may thus be made on a few bleeding orifices, the uterine contractions may be separating other portions of the placenta, thus exposing new vessels to keep up the hemorrhage. The uterus, then, may thus become distended to its utmost capacity with extravasated, and now coagulated blood. But this is not all. The plugs thus made by Cazeaux, Dewees, Meigs, Ramsbotham, and others, are forcibly expelled by every fresh contraction of the uterus. It is unreasonable to suppose that these tender coagulæ can at all withstand the forcible compression made upon them by the energetic contractions of the uterus. This view of the case is amply verified by what we know to take place in epistaxis and other external hemorrhages. Absolute rest is essential to the retention of the coagulæ. In epistaxis the mere act of sneezing often expels both tampon and coagulæ. So much then for the *modus operandi* of the tampon.

Besides the liability to thus prematurely expel the contents of the uterus, there is yet another very grave objection to the use of the tampon, even after the gestation is completed, and the process of labor has already begun. It is well known that over-distention of the uterus, from whatever cause produced, is always attended by *inertia* of the organ, or extreme feebleness of contractile power. There is no more frequent cause of dystocia from atony of the uterus, than an excessive quantity of liquor amnii. Whenever such a case is presented, it becomes our imperative duty, in order to establish uterine contractions and expedite the delivery, at once to resort to the rupture of the amniotic cyst. Many times have I resorted to this simple, yet necessary expedient, for the removal of inertia, and have thereby saved my patient many weary hours of mental and bodily suffering.

Whenever we are called to a case of unavoidable hemorrhage, even after the labor has begun, I cannot prevent myself from regarding it not only as the safest and most effectual, but, also, as the most scientific plan, at once to resort to a vigorous use of the ergot, and the rupture of the membranes as soon as they are fairly presented. The head or other presenting part will quickly become engaged in the pelvic cavity, and itself becoming a natural tampon, the bleeding vessels will be compressed, and the labor terminated without further loss of blood.

If then the disposal of the tampon were left to my judgment, I would restrict its application to those *very rare cases*, in which the hemorrhage proved troublesome, notwithstanding the previous rupture of the membranes, and the vigorous exhibition of the ergot. If, however, before the necessity for this *dernier resort* actually arrives, we allow ourselves through *fear* or *hasty and empirical practice* to resort to its indiscriminate application, then by filling the uterus to its utmost capacity with coagulated blood, and retaining it in the cavity by means of the tampon, we paralyze still further the enfeebled efforts of the uterus, thereby inducing a most dangerous state of *inertia*, which adds greatly to the existing danger, and only the more seriously compromises the lives of both mother and child. Perhaps our patient has already lost the last drop of blood compatible with life, which, suspended now as by a mere thread, is waiting to be snapped asunder by the slightest accession to the hemorrhage. I know we are gravely told by obstetrical writers in their advocacy of the tampon that its use by no means obviates the necessity of watching the patient. Well, that is consoling, indeed. I should like to inquire of what use can our watching be after our patient is plunged into a deep and irrecoverable collapse?

But as to frequency of placenta prævia, or placental presentations, I have not been able to form any correct estimate as to the proportion of such cases to the whole number of labors occurring. During the whole course of my professional life (and that embraces nearly a quarter of a century) I have not met with more than eight or ten cases of placenta prævia. But it must be taken into account, that in country or village practice, which amounts to about the same thing, perhaps one-half the obstetrical practice is confided to the care of midwives. In my neighborhood there are a legion, for almost every old woman that has ever had a baby sets herself up for an accomplished midwife. There is, of course, every degree of placental presentation, from the merely segmentary to the central implantation. I have no doubt that the most skillful accoucheurs are often never made aware of the nature of these cases, by reason of some

of them being only so slightly segmentary as to avoid detection even on examination; or having arrived long after the labor has begun, and the presentation being already engaged in the cavity, he is only made aware that the presentation was placental by the hemorrhage having occurred at intervals for a month or so past. At least this is so in our country practice. In the early part of my practice I, of course, knew of no other plan in these cases but to resort at once to the use of the tampon. And I must confess that much learning enabled me, in one case at least, to successfully irritate the uterus to a premature expulsion of a fetus of eight months. For my part I have no possible doubt that more women and children have been offered a sacrifice to the triumphs of this pernicious contrivance, during the last hundred years it has been in use, than have died in twice one hundred years before it was invented.

I must be permitted to introduce a case that lately occurred in my practice, for the purpose of illustrating what I conceive to be the proper method of treatment in these cases of placental presentation. I was called about two months ago to Mrs. S——, one mile from town. She informed me that she had been wasting off and on since the beginning of the sixth month. She was at this time flooding profusely, so much so as to tell perceptibly on the pulse and temperature. Examined per vaginam. Os dilated to admit the finger. Placenta centrally implanted over the orifice. In the beginning of her ninth month prescribed the fluid ext. ergot 20 drops, with 20 drops tinct. opii every fifteen or twenty minutes. Sinapisms to the extremities, with artificial heat. In one hour hemorrhage completely arrested; patient warm and disposed to sleep. Left her, enjoining perfect quietude, and rest in bed as much as possible to end of term. In about a month was called again. Flooding frightfully, and in labor, pains occurring regularly, but feebly. Examined. Os considerably dilated. Sinapisms to the spine, epigastrium and extremities, which were very cold. Artificial heat. Pulse quite weak and small. Ether and valerian. Fluid ext. ergot 20 drops every ten minutes. Hot ginger tea. Broke through center of placenta, ruptured the membranes, raised the head to allow waters to escape. Not two ounces of blood were now lost until the child was born, which happened in an hour after my arrival. Mother and child both saved.

In conclusion, I am aware that many of the propositions assumed in the discussion of this subject, as regards both the ergot and tampon, will not meet the approval of some among my professional brethren; for there must always be some who are not easily enticed from the old *landmarks*, and who will regard the doctrines herein advocated as unwarrantable innovations upon principles that have stood the test of the avalanches of a hundred years. But however that may be, I shall be amply compensated if I shall succeed in arresting the attention of medical men and directing them to the further investigation of this important subject. In particular, I think the study of the tampon needs revision, as I am compelled to regard it as I have before stigmatized it, the most pernicious invention, that ever found its way into the obstetrical chamber. I have not entirely discarded it, for I have clearly indicated that after the membranes have been ruptured, and the flooding continues unabated, notwithstanding the persistent use of the ergot, a final resort to its application is absolutely indispensable. If, after this subject shall be properly investigated, it shall hereafter be found that the experience of others comports with that detailed in this paper, I shall feel proud in being numbered among those who have added even this much to the literature of medical and obstetrical science.

July 4, 1870.

NOTES ON PRACTICE.

By H. L. W. Burritt,
Of Bridgport, Conn.

Hydrate of Chloral.

Case 1.—Mr. L., æt. 45, full habit, mania a potu. Patient had not slept for three nights when I first saw him. He had all the delusions which are peculiar to this state of "temporary insanity." I gave hyd. chloral in xx gr. doses every two hours, until he had taken ʒiij of the medicine, with a very slight effect in calming the restlessness, but no sleep resulting. I then gave chloroform—ʒij in syrup of ginger; in twenty minutes he was asleep, and so continued for four hours; two repetitions in smaller doses, and he recovered. Morphia in as large doses as considered safe had been prescribed. *En passant*, morphia, we think, is the *medicina ad mortem* in many of

these cases, if the brethren would come to the confessional.

Case 2.—Mrs. S., colored patient, æt. 40; for some years partially paralyzed on one side; case of bilious colic; great pain; restlessness, and fever, with incessant vomiting; bowels freely moved; no relief. Gave morphia ½ gr.; no effect; in an hour gave hyd. chloral ʒj, followed by two similar doses in one and two hours, which gave her a good night's rest, and with repetition the next day and free external hypodermic use of belladonna, she recovered, passing a great number of gall stones, all very minute, one only about the size of a small pea.

Acute Rheumatism.

Case 3.—A man of 25 years; previous health good; a Fenian; contracted the disease sleeping in a barn "at the front." Gave, to relieve immediate pain, hyd. chloral ʒj; repeated in two hours; little result. Hypodermiced with 1-3 gr. sulph. morphia; said he felt easier in fifteen minutes. Pulse in this case, 150, was reduced to 96 in 36 hours by fluid ext. buchu fʒj., iodid. potass. ʒij., vin. sem. colchici fʒss; teaspoonful every six hours. Tartarized antimony at alternate intervals of six hours in one grain doses. Patient able to walk about the room in two weeks. The colchicum was discontinued by the occurrence of diarrhœa, and quinine given after the third day grs. iij., every six hours, until convalescence. No local applications except warm clothing allowed.

Gun-shot Wound.

Case 4.—Fenian; fine healthy young man of 18; gun shot wound; (wounded at St. Albans); small rifle ball, conical, entered one inch below the pubis a little to the left of the median line passed over, slightly wounding the penis, then apparently took a circular course and came out on the middle outer upper third of the thigh. Saw him on Saturday night on his arrival; was wounded at the first fire; constitutional disturbance slight, and pluck good, although the border surgeon told him he might live a week. I did not probe the wound; enjoined perfect rest and quiet; gave Dover powders twice daily. Lotion: Diluted alcohol Oj., tinct. aconite fʒij., kept on with wet cloth. On eighth day there was free suppuration from both openings, and a piece of lint was discharged. Urine slightly bloody at first from contusion of the corpus cavernosa, I think. This wound was peculiar from the narrow escape of the bladder and femur; the first organ being supposed injured by the surgeon who first saw him, and a fatal result predicted. Patient made a good recovery.

Incipient Phthisis.

Case 5.—Miss F——, a slight tall girl of twenty-two years; bilious temperament. I saw her fourteen months ago; came from New York; had been pronounced by her attending physicians consumptive; cough dry and frequent, with muco-purulent expectoration; bronchial rale moist; harsh respiration; dullness under the left scapula; pulse 110 sitting. I was called to see her for continued lameness and pain in the left hip. There was evident fullness and tenderness on pressure over the articulation; the patient objecting to hypodermic injection, I directed her to prick the skin with a fine needle over the hip in some thirty places, and to rub in the following:

℞. Chloroform, tinct. aconite, aa. fʒij.
Morphiæ, gr. j.
Iod. potassæ, ʒj. M.

Which was done, with immediate relief, and repeated by her with good result after she left my care, many times, and by herself alone. She told me all her friends considered her a confirmed consumptive, and she was willing to try any treatment. She was advised to take as much cod liver oil as possible, up to fʒj. three times a day; to make a good whisky sling, keep it standing by her, and sip it all day; and at her meals taking all she could, and to regard that as her chief medicine. To eat meat in some form as her principal diet, and especially to take no cough medicines, either patent or prescribed, and not to give up the treatment under a year. Saw her for some four weeks. In that time she had learned to eat freely of beef, and could take more than half a pint of the whisky daily; coughed and raised freely; took the oil in tablespoon doses three times a day; her pulse had declined to ninety-four. She then passed from my immediate notice. I heard from her in about six months; said she felt better in every respect; took regularly over half a pint of whisky and three ounces of the oil daily. Miss F—— says that she weighs now twenty-five pounds more than a year ago; can walk a mile easily; has no cough, and no pain in the hip, except on very great exertion; loves fat meat in preference to any other diet; and takes still a glass of whisky with her dinner; to all appearances her lungs are sound, her lameness has left her; pulse eighty, and she is well. Query—

Cannot incipient phthisis be cured, or was this case acute bronchitis, with sympathetic rheumatism of the hip? I have seen two other cases within eighteen months similar.

OBSTRUCTION OF THE VAGINA WITH RETENTION OF THE MENSTRUAL FLUID FOR TWO YEARS.

By W. L. Appley, M. D.,

Of Cochecton, Sullivan Co., New York.

I was called Oct. 1st, 1868, to visit a widow lady æt. 40, whose husband had been dead three years. She had given birth to a large child about twenty years ago; she had a tedious labor; I had not seen her since the death of her husband; I found her suffering (as I supposed) from retention of urine; she told me she had not voided urine in twenty-four hours. I advised the use of the catheter; she said she was willing to submit to any treatment that would relieve her of any of her suffering. I introduced the catheter into the bladder and drew off a large quantity of urine, which relieved her very much, although the abdomen was yet much distended. I could find neither labiæ, nymphæ nor clitoris; the vagina was imperforate; she told me she had not menstruated for about two years; since then she had complained of pain in the back and lower part of the belly, with regular monthly exacerbations of these symptoms, and at each period had observed a distinct increase in the size of the abdomen.

The abdominal tumor in size, situation and consistency, resembled the uterus at full time of pregnancy.

Oct. 2d.—I was called again to see her; I found her suffering very much as the day previous, except the pain was more periodical, resembling labor pains; her pulse small and frequent; skin cold and moist; features sunken; from her symptoms and appearance I thought her case alarming. The catheter was again used, and a large quantity of water passed off, which relieved the pain partially for a short time; I concluded that the only permanent relief was in opening the vagina, and that her life depended upon the operation; and that it must be done immediately. My assistants were three elderly, common-sense women; we placed the patient cross-wise of the bed so as to have the light of a window, each leg supported by an assistant, the third assistant administering the chloroform. I found the orifice of the vagina was obstructed by a dense thick membrane through which a fluctuation on the inner side could be felt like a flat, elastic tumor in the perineum, feeling very much like an abscess. I determined to open the vagina with the scalpel; this I accomplished with some difficulty; first introducing the catheter into the bladder as a guide to prevent injury to that organ; and the fore finger of the left hand to guard the rectum; I made an incision with the scalpel as large as the meatus urinarius and the rectum would admit, without injury to those parts.

I found the obstructing membrane thicker than I supposed, and tough. I explored with the finger and cut with the knife, so as to enlarge the opening the full size of the vagina, until I felt something like the distended membranes in a case of labor just before they are ruptured. I held my finger against this membrane, as I discovered a contraction of the uterus and abdominal muscles returning, which caused a sudden rupture, and a gush of restrained menstrual fluid took place, to the amount of one gallon or more, and very fetid, so much so that the assistants left the room. The uterus seemed to contract periodically, and the contents would issue in a stream. I made pressure over the uterus until the discharge ceased, then injected warm water freely and continued the injection for several days. The patient had no difficulty in voiding urine. After the operation she took light tonic and nourishing diet, and recovered rapidly without any unpleasant symptoms. She is now a healthy and fine looking lady for one of her age.

A few days previous to my being called, and after her situation became very distressing, she applied to the nearest physician, who claimed to have experience and skill in treating female diseases. He, without examining the parts, gave her emenagogues and diuretics, furnished her a female syringe, and advised her to use vaginal injections. The medicine could do her no good, but might do harm, and the syringe she could not use.

Now admitting the above case is no novelty, and that closure of the vagina is common, I think it shows, at least, the importance of physicians being on their guard, and to examine women carefully whose menses are obstructed.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

By J. E. Garretson, M. D.

Clinic of Surgical Diseases of the Mouth, Jaws, and Associate Parts.

(reported by De F. Willard, M. D.)

Alveolar Abscess.

Gentlemen:—I have to bring to your notice this morning two cases; both females, æt. respectively 20 and 30 years, who present themselves suffering from a disease, which, I feel, is of such importance as to demand our careful study for a considerable portion of the hour, and I can assure you that no portion of our clinical service will ever be spent upon a subject, the thorough understanding of which will add more to your ability to comprehend the various diseases of the mouth. It is important that you should understand it now, for you will not have long entered upon the active discharge of the duties of your profession before you will be called upon to treat precisely similar cases.

Let us speak, then, a few moments of alveolar abscess. What is it? In simple language, it is a "gum-boil:" its shortest definition would be, an escape of pus, through a sinus, from a diseased periodonteum.

In order that you may thoroughly understand the subject, let me recall your anatomy for a moment. In the centre of a tooth is situated a cavity for the accommodation of the dental pulp, in which pulp, ramify arteries, veins, and nerves; the former derived from the internal maxillary, the latter from branches of the fifth pair. The membrane lining this cavity is continuous with that covering the outside of the tooth, through the dental canal. The teeth are not set in the body of the jaw, but in the alveolar processes; and if you look at the superior maxillary bone especially, you will see that it is but a series of processes surrounding a central cavity—the antrum highmorianum. Upon this alveolar process is reflected the periosteum covering the fang of the tooth, forming thus the so-called alveolo-dental membrane, which also thus supplies the dental process with nutrition.

These, then, are the anatomical points in which we are interested, and with a few words upon inflammation we will be ready to proceed with our subject.

An inflammation is, as you know, as perversion of vascularity, having as its first phenomenon a simple vascular excitement—a greater quantity of blood traversing the part in a given time; necessarily then we must have enlargement of the capillaries, and thus we have swelling produced. At the same time the increased rapidity of the flow and greater consequent friction will cause elevation of temperature, and also greater susceptibility, or tenderness and pain.

Now we are ready to trace our alveolar abscess from its commencement, to its full formation.

It commences, perhaps, by an engorgement of the pulp, from some cause—a simple vascular excitement—swelling causes pressure upon the nerves running to that pulp and consequent pain; the endosteum becomes implicated, the inflammation travels out the dental foramen to the periodonteum, and we have a periodontitis. The swelling of this membrane lifts the tooth from its socket, as you will readily understand, since it is the only direction in which expansion can take place, owing to the rigidity of the walls, and even though the elevation be but the thousandth of an inch, yet this will be the first point struck by the opposing teeth, and occlusion of the jaws gives agonizing pain.

When a pulp merely is inflamed, there is no pain upon pressure; therefore, whenever you have a patient who complains of pain in a particular tooth upon closure of the jaws, you may be sure that there is an inflammation of the alveolo-dental membrane of that tooth.

Should this inflammation be uncombatted, a degenerative thickening of the membrane takes place, and pus is ultimately formed, which pus must have vent. It takes its course either toward the nearest surface or in the direction in which least resistance is offered by the osseous structures, and during its passage the pain is of the most excruciating character—almost diagnostic in itself. I have seen patients rendered almost insane, requiring straps to confine them, during such passage, all to be relieved by the simple extraction of a tooth or other evacuation of the pus. When this pus is allowed to escape from the bone of its own accord, pain suddenly ceases; the soft parts in the neighborhood distend, break down, and escape is effected, thus forming a fully developed "gum boil" connected with the root of a tooth.

Such is the history of every case of alveolar abscess, and with these facts before you recognition will be easy. It is the history of any other inflammation; as of the liver, the eye, or any portion of the body; the only modification being in the character of the tissues implicated.

Alveolar abscess thus formed usually runs into a chronic condition, and may run a varied course; being one day apparently well, and the next in full discharge, thus continuing for months or years.

The cases before us are good examples for study; the first, M. C., æt. 20, gives us the history of a periodontitis some seven months since, the symptoms being much as I have described, save that when the pain suddenly ceased there was no discharge of pus either externally or into the mouth.

Since that time, however, she has suffered continual pain in her right cheek, and now presents a tumor of considerable size in this region. It is hard, —yielding but slightly to pressure, and then with crackling; and I feel confident in saying that this prominence is due to an enlargement of the antrum highmorianum, occasioned by pus; especially as I find a carious second molar tooth of the upper jaw, the palatine root of which, as you know, often pierces the floor of the antrum. This, then, was the route taken by the pus; it entered the cavity,—the irritation caused by its presence closed the opening into the middle nasal meatus, and now being permanently shut up, and pus constantly forming, absorption or attenuation of the antral walls must occur. The one usually first to give way is, I think, the palatine; but it may be the anterior, as in this case, or the orbital, as in a case which I recall, where the eye was fairly pushed upon the cheek for four months, the whole deformity to be relieved by the simple pulling of a tooth.

In the case before us it might seem sufficient simply to puncture this anterior wall, and stuff the cavity with some stimulating material as iodine, but I have found from experience that when this wall has been thus expanded, it becomes more like necrosed bone, and it is far better to remove all this unhealthy structure at once. I shall therefore cut through this wall, reaching it inside the mouth just above the alveolar process, and remove all the diseased portion, and then endeavor to promote healthy granulations and complete cure, by stimulating injections.

[Dr. G. then performed the operation as described. A quantity of very offensive pus followed the first incision, and the bone was found much softened and attenuated. DeF. W.]

The second case: R. B., presents an ulcer upon the cheek, with an unsightly scar, which is the remains of another ulcer now healed; but this one does not, and will not close.

The history is as above given; severe pain followed by abscess, and upon looking in her mouth I find the wisdom tooth carious. I pass the probe into this sinus, and it passes down until it strikes the fang of this tooth. The case is plain: it is alveolar abscess. Had this pus traveled down along the jaw to the chin, it might have given rise to suspicion of dead bone, and an operation been performed for the extraction of such bone, as I have seen done in several cases; yet this would be useless unless the seat of the difficulty were recognized.

Sometimes these abscesses open far down the neck, almost to the sternum, and thus cause many errors in diagnosis; or they may open in the mouth, or upon any portion of the face. I have seen cases where operations for carious bone had been repeatedly performed, completely cured in one week after they were recognized as alveolar abscess. I also remember a case where an ulcerous opening had existed for two years, much to the alarm of friends (there being a cancerous taint in the family), and which had been under the care of fourteen different gentlemen; yet it was well in three days after the proper treatment for "gum boil" was instituted. Another instructive case I also recall, which illustrates the care with which we should examine the teeth in these cases. The denture had been examined and pronounced perfectly sound, yet in a strong reflected light I discovered a slight *opacity* not otherwise discernable, in one of her teeth. Further exploration, by gentle taps of a steel instrument, satisfied me that the pulp was dead, and extraction cured the case in a week, though it had baffled the skill of many surgeons for three years.

The very slight opacity in this tooth so long dead was probably due to a peculiar density, occluding the dentinal tubules and thus preventing absorption of the dead pulp. It should also be remembered that though there be no discernable dead teeth, yet diseased fangs may be concealed in the alveolar processes.

In the case of the lady before us, we find that this discharge has continued for some years, and that portions of bone have been taken from this ulcer; and now I can feel a small piece of exfoliated bone at the bottom of the sinus. This must be removed, since it continually acts as a source of irritation. The quickest method will be to simply cut down upon it,—I wish, however, to teach you how you may accomplish this removal with as little deformity to the patient as possible, and shall therefore simply dilate this sinus, by packing it with cotton, which, absorbing moisture, will enlarge this canal in a few days to such an extent, that a delicate pair of forceps can easily be passed, and the bone removed without pain or any such scar as must result from an incision.

[Cotton was then inserted and the patient directed to return in a few days, Dr. G. remarking that after the removal of the bone and tooth the treatment would consist of simply stuffing the sinus with cotton saturated with iodine, thus inviting healthy action in the part, and compelling the cyst to heal by granulations. DeF. W.]

Such, then, is the treatment of these cases when fully developed; but let me in conclusion point out the course of treatment to be pursued in the early stages of this disease, that all this pain and suffering may be avoided.

In the stage of periodontitis, mustard to the back of the neck, hot pediluvia, leeches or scarification to the part, cold to the mouth, or strong local application of iodine may abort the attack and all the symptoms subside, just as a commencing congestion of the lungs, or an attack of conjunctivitis may be aborted by appropriate treatment. Should these and other antiphlogistic means prove unavailing,

and alveolar abscess threaten, the tooth should be immediately removed, or else an incision made directly down to the apex of its root, and the outer plate of bone of the cavity in which the sac is being developed, broken up thoroughly, after which the wound should be prevented from healing for a few days by an inserted tent.

If you will thus early treat your patients, much suffering may be saved, and you yourselves will gain deserved congratulation. The treatment, however, of a still more preliminary condition, I should perhaps speak to you about. Examine always the immediate condition of the tooth affected. Sometimes you will find a tooth loose, sore, and elongated, all the diagnostic signs of periodontitis being present, and yet in this tooth is no cavity of decay,—no exposure of its pulp. Never hesitate in these cases to drill a hole into the pulp cavity; you will always find the pulp dead, and more than likely putrescent. The exit of such dead and decomposing matter will very frequently result in a cure without further attention.

An inflamed tooth is not to be fretted and worried; you must shield it from contact with its antagonising tooth,—to do this it is only necessary to soften, in the flame of a spirit lamp, a piece of gutta percha, and mould it over some neighboring teeth; a little cold water hardens this quickly, and thus an accurately fitting cap is made, which secures, of course, the meeting of the indication.

Sometimes a fish bone thrust down into the alveolus is the occasion of a periodontitis; this is not to be forgotten, particularly if another cause for the trouble is not evident and the patient has been eating fish.

A plugged tooth frequently gives occasion for an alveolus abscess, through the thermal changes resulting from the presence of the metal—who of us but that has experienced pain in the pulp or nerve of a freshly filled tooth whenever hot or cold articles have been taken into the mouth? The continuance of such irritation is very apt to result in an inflammation of the pulp and frequently in its death. The step which follows to periodontitis and abscess is generally a short one.

Dishonest dentists sometimes save their gold foil by filling the bottom of cavities with tin,—a galvanic current, pulpitis, periodontitis and abscess results.

To epitomize the subject, let us say: that alveolar abscess is the result of periodontitis; periodontitis is the result of pulpitis; and pulpitis is the result of an irritant; which irritant should in all cases first be searched for, and if possible removed.

——A meeting of the Anti-Vaccination League was held in London recently. Prof. Newman, editor of *The Zoölogist*, presided. There were many speakers, who denounced vaccination in the strongest terms, and urged Parliament to repeal the laws on the subject.

ALBANY CITY HOSPITAL.

Surgical Clinic by Prof. J. H. Armsby.

(REPORTED BY C. D. CROTHERS, M. D.)

GENTLEMEN:—The case of

Hœmatocele

upon which I operated has recovered, and will leave the hospital to-day. As the case is a rare one, and seldom met with in practice, I shall give a brief resume of its history and termination.

Daniel Keller, æt. 18, called at my office two weeks ago, with a painful swelling of the right side of the scrotum. He had been riding on horseback, when, without any apparent cause, he felt a sudden sharp pain in the right groin, extending up to the abdomen, and a tumor began to form rapidly. The pain increased and he began to vomit; lying down by the roadside, he suffered severely for two hours, when he was removed to a neighboring house and kindly cared for. The pain continued for twenty-four hours, when he received some benefit by a free cathartic action from the bowels. He was treated by a physician for orchitis with no relief. The tumor, when I saw it, was tense, hard, and opaque, filling the right side of the scrotum and extending up into the inguinal canal. The testicle could be felt low down, and to the back part of the scrotum. There was no fluctuation, and no impulse on coughing; surface tender and painful; discolored, with considerable ecchymosis over the whole scrotum. On inquiry, I learned that for two years and more that side of the scrotum had been larger than the other. His first notice of it was a tumor forming suddenly in the right groin, which disappeared upon pressure. This continued at irregular intervals, giving him little inconvenience. As he was always able to press it back, he did not take any medical advice or treatment during this time. He came to the hospital three days after the tumor appeared. It remained the same in size, and had the same doughy sensation to the touch. In the diagnosis, I eliminated all other affections of the scrotum except hernia and hæmatocele. Of these two, hæmatocele seemed the most prominent, so I operated by making an incision from a point over the external ring, along the entire surface of the tumor, three and a half to four inches. The tunica vaginalis was dark colored; on opening it, a half pint of bloody fluid escaped, exposing a large mass of dark-colored, strangulated omentum in the vaginal tunic. It adhered to the interior of the sac and margins of the inguinal ring and canal. The arterial circulation had been cut off for some time, so, passing a silk ligature around the constricted mass, I removed it with a knife. It presented nearly twelve inches of surface when spread out on a plane. The wound was closed with interrupted sutures, and cloths of carbolic acid applied (10 gr. to 1 ounce of water).

The ligatures came away on the 6th day; on the 14th day the wound had entirely healed. as you see it. It granulated from the bottom, filling up the cavity, making it impossible for him to have such trouble again at this point.

The practical facts of interest worth remembering are the rarity of such cases, the obscurity, and the signal relief by surgical means.

Here is another patient going away entirely recovered. His case was, as you remember, a compound comminuted

Fracture of the Knee Joint,

and presents some of the most singular facts of any I have met with in thirty years' surgical practice. He was a strong, vigorous man, a fireman on the railroad; the engine exploded, hurling him some distance, severely injuring the knee joint. He was brought here. I found the patella fractured, and probably the condyles of the femur, and the soft parts extensively lacerated. As there was some obscurity and difference of opinion as to the extent of the injury, I rested the case on expectant treatment. For six weeks all was favorable, no pain or inflammation followed. Then abscesses began to form, and I amputated at the lower third of the femur. The recovery was rapid and complete. On examining the leg that had been removed, I found a compound comminuted fracture of the femur and tibia, the patella broken in three pieces, the transverse ligaments torn away, the fragments of the femur displaced, and two contused wounds extending into the joint. The remarkable facts are these: With all this injury, little pain and no inflammation followed, until six weeks after. In all the cases I have seen, inflammation and effusion followed rapidly, and many of them, less extensive than this, have been fatal.

Editorial Department.

Periscope.

A Specific in Erysipelas.

In presenting a case of facial erysipelas before the University Hospital clinical service last week, Dr. J. E. Garretson remarked, that in his practice of the past five years he had met with no case of erysipelas which had not readily and instantly yielded to the local application of the muriated tincture of iron, tincture of cinchona and sulphate of quinine. The case before him, he remarked, while threatening and angry looking, would, he felt convinced, so surely succumb, that he should give the patient the prescription and send her to her home, not to return for three days. Without attempting to enter into any special discussion of the variety of causes thought to influence this condition, Dr. Garretson said he felt sure that this peculiar inflammation had a basial irritant as specific in its character as that of small pox, typhoid fever, or the ague, and that as, in this latter disease, we had found an antagonist in quinine, and that of typhoid fever not unlikely in hydrochloric acid, so in this morbid inflammation he trusted it was found in the combination alluded to. As, said the lecturer, every effect is from a cause so rational as to abort effects by removal of causes. He was not, he said, prepared to deny the existence of specifics; it was common sense, rather, to believe in them. Everything in physics exhibited and demonstrated the existence of antagonisms. He thought some of the members' of the class would, most likely, live to see the day when the intelligence of this, or the coming century, might make even cancer a disease no longer to be dreaded. Without doubt this cachexia had a cause. Why should not continued investigations discover this cause? and if discovered, there was nothing at all improbable, certainly, in the supposition that it was capable of being antagonised. "Belladonna," he said, "would antagonise opium; yet it has been only a short time since we knew so important a fact; and hundreds, perhaps thousands, have died, simply because they had the misfortune to be born before the medical mind knew of such an antagonism."

The following cases which, within two weeks back, had presented in his practice, were noted by Dr. G.:

Case I.—Very old man; erysipelas of hand and arm attendant on an operation performed on one of the fingers three weeks before; parts heavily engorged and indurated, the finger sinking easily into the cushion-like mass. From fear, the patient had denied himself applying for assistance until the inflammation had been four days in progress. The whole arm presented the peculiar glisten, particularly that part just below the elbow, where an abscess was evidently forming. The combination, as usually prescribed, was directed.

℞ Tinct. ferri chlor., ℥ij.
Tinct. cinchonæ, ℥ r. xxx.
Quiniæ sulph., ℥ iss. M.
Aquæ,

This was to be applied by means of a brush four times a day.

2d day.—Blush all gone; opened the abscess; case well in a few days.

Case II.—Young professional gentleman; lacerated wound of ring finger; whole hand and lower portion of the forearm erysipelatous; fingers thrust widely apart by the swelling; back of hand a soft cushioning mass, few cases appear more threatening. No constitutional treatment; mixture applied as in the the first instance, and hand enveloped in a poultice of flaxseed; next day the specific character of the inflammation had entirely disappeared. The treatment of this case was continued on general principles for five days, when the patient was in condition to be dismissed.

Case III.—Mill boy from the country; erysipelas of leg; three days in progress. The father of this lad presented him in great anxiety, having during the summer of last year lost a son with an erysipelas which commenced in a similar location. In the boy presented for treatment there was no wound or traumatic injury of the part affected. At 5 o'clock on one evening the mixture was applied, by the next, the case seemed and remained entirely cured.

Dr. Garretson said, if necessary, he could readily occupy the entire hour in an enumeration of cases, both of cutaneous and phlegmonous varieties which had proven to him the good service capable of being performed by this application. He said he desired, however, not to be understood as advocating the combination as specific in an ordinary acceptation of that term; the intelligence of the class would well enough recognize that only one of many indications which might be present was proposed to be met; namely, the destruction of the specificity of the inflammation; this the lecturer likened to an injury which might be done by a musk-rat to a river bank, saying, that while the destruction of the rat would be specific treatment, there was yet a hole left to fill up.

Chloral and Chloroform.

Communications on chloral multiply daily. Among some of its curious effects may be noticed an observation of M. Liégeois at the *Société de Chirurgie*, that in a case in which he had performed a minor operation under the influence of chloral, which produced sleep, but not anæsthesia, he resorted to chloroform. To his great surprise he found that the association, so far from increasing the effects, gave rise to excitement which lasted as long as the inhalations were continued. The fact is the more to be remarked as tending to disprove the identity of action between chloral and chloroform insisted upon by Liebreich. M. Giraldés, proceeding in a different direction, administered to infants who have been chloroformed and remained very agitated, a chloral draught. The effect of the association was to produce peaceful sleep for from five to eleven hours. Since then he has frequently employed chloral, either in mixture or enema, whenever children have remained excited after chloroform, and always with success. M. Demarquay observed that he has continued with advantage his practice of giving patients, immediately after operation, successive doses of 2 or 3 to 5 grammes of chloral until sleep is produced. All subjects are, however, far from exhibiting the same effects from the action of chloral. In some, when it is given immediately after the operation, it produces a quiet sleep and deep calm, which lasts all day, and prevents any of the pain consequent on the traumatism being felt. Others proved refractory to the action of chloral, which is sometimes rejected by vomiting. As a medium dose he gives 2 grammes in two spoonfuls of syrup diluted with water. M. Giraud-Teulon has observed the same excitement produced by administering chloral in children that have been etherised as related by M. Liégeois in those who have been chloroformed.

Permanganates for Fœtid Expectoration.

An interesting case occurred in the wards of the hospital at Grenoble, under Dr. Charvet. A man of forty-three years of age, consumptive, suffered terribly from the offensive nature of his expectoration, which compelled him to be placed in a separate room. Carbolic acid was prescribed, but produced only the slightest effect. Dr. Charvet then tried solution of permanganate of potash in water. The success was very striking, the stench at once being diminished, and in the course of ten days quite removed.

Dislodging a Calculus Impacted in the Urethra.

Removal of a concretion so circumstanced is much facilitated by passing down to the stone a director, having its groove charged with oil. The instrument is then moved about, so as not only to dilate the canal, but likewise to lubricate it, and then a little manipulation over the bulb forces the stone forward to the meatus, or at least to a little behind it, from whence it can be readily extracted with a scoop.

Chloroform and Theology.

The late Professor Simpson, when advocating the introduction of his famous anæsthetic, proved himself as ready at theological repartee as in his famous surgical operations. The Calvinists objected to checking pain in connection with "the visitations of God" as an attempt to contravene the decrees of an all-wise Creator. "But," replied Dr. Simpson, "did not God throw Adam into a 'deep sleep' when about to extract from his side the rib from which he formed Eve?" The retort stopped reply.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 30, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July* 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

THE SPHERE OF MEDICINE IN WAR.

Pending the struggle which is now being carried on in Europe between powers so formidable in resources and skill, one of the most interesting observations will be to study how closely the science of medicine has kept pace in those of its departments especially called forth in war, with the extraordinary rapid increase in the effectiveness of projectiles.

In war the sphere of medicine is by no means confined to military surgery. This is one of the minor departments only. The preservation of the health of the men is the most important; military hygiene, therefore, ranks first. This, in the estimation of the thorough soldier, is by all odds the most valuable assistance medical art can render. The poor fellow who has once come under the knife of the surgeon is hardly ever able to do full duty again. But to keep the regiments as nearly as possible up to their maximum, to have as few men as possible on the sick list, and hence off duty, is a visible success which aids the object to be accomplished by the war, and is readily appreciated by all intelligent officers.

Numerically, the loss in a campaign by sickness, as a general rule, far outnumbers the loss by wounds. So, too, surgical treatment is more successful than medical treatment in military hospitals, and hence the precautions to avoid disease are required to be especially well projected.

Another practical and estimable branch of medical science on the battle field is the organization of a sanitary corps. The knowledge that if wounded or sick, attention will be prompt and judicious, goes a great ways in relieving the mind of the soldier of anxiety about his fate. If killed, there's an end of him; but if wounded, he will not be left to suffer, but will very soon receive kind assistance.

There was organized in Europe, in 1867, a general International Sanitary Society to extend help in war, and to provide the sick and wounded, irrespective of nationality, with what their wants required. We may expect to see this now rapidly called into action and do much good. Our esteemed fellow citizen, Dr. EVANS, of Paris, is one of the leading officers, and it was largely owing to his enlightened liberality that it was organized. He may now witness the fruit of his truly philanthropic labors.

Notes and Comments.

Ergot vs. The Tampon.

We trust that none of our readers will be deterred by its length, from reading the very interesting article on this subject, in this number, by Dr. O. A. Battson, of Claremont, Illinois. Its statements, arguments and cases are worthy of attention and thought.

Cheap Drugs?

Judging from the almost total abolition of the duties on drugs in the tariff bill recently passed by Congress, there ought to be a very decided diminution in the price of nearly all our drugs. Will there be?

Women Students in the University of Edinburgh.

It was recently proposed in the General Council of the University of Edinburgh that female students should be admitted to the medical classes in the same way and on the same terms as the male students. The proposition was rejected, on motion of Dr. Laycock, seconded by Dr. Christison. It is rumored in well-informed circles in Edinburgh that Queen Victoria has privately expressed her cordial approval of the decision of the Council.

Urethral Strictures.

It is not a new, but it is a useful suggestion, lately revived, to expand a stricture by the force of urine. The patient, while passing water, suddenly checks the flow by compressing the distal end of the urethra. The water forcibly stretches the urethral walls, and ultimately reduces the stricture.

Ozœna.

In an exhaustive chapter in his work on the "Diseases and Surgery of the Mouth, Jaws and Associate Parts," Dr. J. E. Garretson, of this city, treats of the subject of ozœna under the following heads:

1. Accumulation and Degeneration of the Common Autral Secretion.
2. Degenerated Pus from Tooth-abscess Discharging into the Antrum.
3. Ulceration of Mucous Membrane of the Antrum.
4. Deteriorated Secretions from Constitutional Causes.
5. Caries of the Osseous Walls of Antrum and the Nares.
6. Ulceration of the Mucous Membrane of the Nares.
7. Caries and Necrosis of the Osseous boundaries of the Nares.
8. Lodgment and Retention of Foreign Bodies.

Correspondence.

DOMESTIC.

Duties of the Physician.

Eds. Med. and Surg. Reporter:

In looking over your journal of June 11th, 1870, my attention was especially arrested by your remarks upon "the causes of crime." Truly, as you remark, it is a subject which "should seriously occupy the attention of our profession." I thank you for your note of warning as to the real and indispensable (though sadly neglected) duty of the profession.

There are very many diseases well known to be the direct results of moral causes, and are most appalling and disastrous in their effects and consequences upon the human race, destroying both soul and body. Such are those you have referred to in your editorial. To the removal of the proximate causes and warning against such, physicians seem to give not only little or no thought, but upon the other hand, by their example, encourage.

Another class of diseases originating from physical or external causes, as cholera, small-pox, and yellow fever, for example, the profession has ever been active and energetic in seeking out, removing and warning against the inciting causes, and with remarkable success and benefit to mankind. But the profession seems to be spell-bound with regard to intemperance and prostitution, and ignore moral means almost absolutely.

The tender nerve of the drunkard or the prostitute, paralyzed by their excess, is only one link of the great chain which binds the physical, the moral, and the spiritual being together; and the physician who is called upon to treat it, cannot, in justice to humanity or fidelity to his profession, ignore the causes or fail to prescribe the proper preventives.

So long as the medical profession refuses to come up *en masse* to the rescue, and fails to give their moral and intellectual support to the suppression of these terrible vices, societies may organize, reformers may talk their throats dry, churches may work and ministers may preach to the people until their tongues are paralyzed, but all in vain, unless that learned profession to which the world looks for hygienic direction, pronounces its proper verdict against them. It appears to me that the profession has a most solemn and awful responsibility resting upon them in this matter.

Look for a moment at the overwhelming moral influence the profession could bring to bear against these abuses, were physicians a unit in the matter. Did they but live and practice and teach and pronounce against these vices with the fear of God be-

fore them, and the welfare of humanity at heart, the world would soon put on the beautiful garb of the millenium, and the mighty hindrances to the progress of Christianity would be removed, and the Church of Christ would rise and shine triumphant over the whole world.

CORRESPONDENT.

[We agree with our correspondent that the responsibilities of medical men in these matters is very great, though we think he somewhat exaggerates their comparative importance. EDS.]

Congestive Fever Treated Hypodermically.

EDS MED. AND SURG. REPORTER:

Having had a case of congestive fever, in which the hypodermic injections of quinine were so evidently beneficial, I am induced to report it for the benefit of your readers.

On the afternoon of March 20th, 1870, I was called in great haste to see Mary R——, æt. 7 years. Having to ride eight miles through a swampy country, it was 5 o'clock, P. M., when I reached my destination.

I ascertained from the father that on the 19th, at 10 A. M., she was taken with a chill, followed by fever which continued five hours, during which time she was very thirsty and drowsy. When the fever had subsided he gave her six grains of quinine, after which she was apparently well until the morning of the 20th, at 9 o'clock, A. M., when she was again taken with rigors, followed by fever, which was more violent than the preceding attack.

Upon examination, I found coma and rigid tonic contraction of all of the voluntary muscles of the body, which I was informed had continued since 12 A. M. The teeth were firmly closed; the lips tightly retracted over the gums; the face flushed; the head hot; the extremities cold; respiration slow and labored; pulse 100 and soft.

I ordered friction with brandy to the extremities, and the cold douche to be persistently applied to the head, until consciousness returned. At 5 o'clock, P. M., injected three grains of quinine in the arm; 5:30, P. M., I again injected with the hypodermic syringe four grains of quinine in the arm. At this time respiration was easier; pulse, 100; extremities warmer; head cooler; tonic spasms less violent; still unconscious. At 6, P. M., I injected quinine, gr. v, in the arm; consciousness was now returning; body bathed in profuse perspiration; extremities regaining their normal temperature; muscular system relaxing, breathing more natural; pupils less dilated. She steadily improved from this time until 7 o'clock, P. M., at which time consciousness had returned; the muscular system was relaxed; perspiration profuse; extremities warm; head cooler; respiration normal. She complained of headache, *tinnitus aurium*, and great thirst; cloths rung out of cold water were applied to the head every five minutes, and pulv. ipecacuanhæ cum opii, gr. v, was administered, after which she rested well.

March 21, 2 o'clock, P. M.—She has had no return of fever; is very feeble. There is no *tinnitus aurium*; was ordered to take sp. vini frumenti, f.ʒij, every two hours; quinine, gr. ij, every four hours.

March 22, she was ordered

℞	Quinæ sulphatis,	gr. xxxiv.	
	Tinct. ferri perchloridi,	f.ʒij.	
	Sp. vini frumenti,	f.ʒij.	M.

Sig.—Teaspoonful three times a day.

April 5th.—She has recovered her usual health and strength; has had no fever since March 20, 1870.

W. S. BAKER, M. D.

Burnside, Illinois.

The Cause of Left-handedness.

EDS. MED. AND SURG. REPORTER:

In one of your late numbers you reproduce an item from Prof. Hyrtl asserting substantially that right-handedness is due to the blood being more forcibly sent through the right subclavian artery than the left, and that left-handedness is caused either by the left subclavian artery originating before the right, or the transposition of the heart to the right side. This is a very insufficient, as well as inaccurate account of the matter.

Auzoux was the first to suggest the real cause of right-handedness. The key of this is found in the anatomy of the arterial canal, whose normal course is from the bifurcation of the pulmonary artery to the cross of the aorta at a point about an inch to the left of the left subclavian artery. The result of this anatomical disposition is that the right subclavian artery receives all arterial blood, while the left receives mixed venous and arterial. This fully explains the greater nourishment of the right arm. In cases in which the left subclavian takes its origin before the right, arterial blood alone bathes the left arm, and mixed blood the right; hence left-handedness. In the crocodile there is a similar arrangement of the arterial canal, by which the head alone receives red blood, and the lower extremities mixed; hence that enormous cephalic and dwindling caudal development; hence the relatively less development at birth of the lower fœtal extremities.

C. W. STEVENS, M. D.

Charlestown, Mass., July 8, 1870.

Hooping Cough.

EDS. MED. AND SURG. REPORTER:

Hooping cough has been prevalent in our city this spring, and many interesting and severe cases have fallen under my care. I copy from my Record of Practice the following typical cases with the remedies used in the shape of formulæ:

Case 1.—Infant of Mr. F. T., male; aged six months, delicately organized and somewhat attenuated, pale, had had the disease four or five weeks when I was summoned to attend it. March 17th, found the little sufferer in a severe paroxysm, and a quantity of thick viscid phlegm being removed by the nurse with a mop of soft linen. The face presented a purplish hue, the mother said it was "perfectly black" when she sent for me; pupils dilated; flexure of the thumbs into the palms of the hands; constant plaintive cries; trembling and presently convulsions.

Treatment.—Hot *semi-cupium*, (98° Fah.)

℞. Ol. terebinthinæ, f℥j.
Vitel. ovi, Num. j.
Infus. lini, f℥vj.
Ft. injectio.

Sig—Throw into the bowels with a Davidson's syringe.

The child had been constipated and consequently a considerable quantity of indurated fecal matter was discharged; a sinapism was applied to the nape of the neck and along the dorsal vertebræ. The convulsions continued, but not with so much violence. The following prescription was now at hand and a dose given immediately:

℞. Potass. bromidi, gr. xxv.
Aqua puræ.
Syr. ipecac., aa. f℥ss. M.
S. Teaspoonful every half hour.

After the third dose the little patient fell into a profound slumber, and slept four hours. When it awoke it looked cheerful, and nursed greedily.

The following was then prescribed:

℞. Potass. bromid., gr. xxv.
Ext. belladonn., qr. j.
Aqua flor. aurant, f℥jss.
Syr. tolutan., f℥ijss.
S. Teaspoonful three times a day. M.

The disease gradually diminished in severity, no more violent paroxysms accruing until April 10th, after a spell of warm, rainy weather, a sudden change succeeded, the thermometer falling several degrees with an easterly wind, which is always fraught with pernicious influences in this climate. Another paroxysm seized the little victim which from accounts given by the mother was more alarming than any it had had before. I was "out of the way" when sent for, but passing in the direction of the house a few seconds afterwards, met a youth who told me I had been called, but it was not worth while to go, as the child was dead! I hastened to the house, however, and found the little creature alive, slightly livid about the mouth and forehead, breathing with difficulty, and whining most piteously. Ordered a hot bath; white wine, two pints; hot water, one gallon; (tem. of bath 98° Fah.), sinapism to chest and spine, same injection as before with the addition of Tr. assafœt. ʒj. The difficulty, with respect to respiration was speedily removed, the blood gradually underwent the process of decarbonization, and lividity of the face disappeared; but, as in the former attack, convulsions supervened. Recourse was then had to the bromide, a dose every twenty minutes with effect. The patient fell asleep, and slumbered calmly several hours. When it awoke, nursed well, and again became quite lively. The bromide and belladonna treatment was resumed, improvemnt progressive, paroxysms daily lessened in severity, and the little fellow recovered perfectly in less than three weeks.

Case 2.—Child of Mr. McK. J.; æt. 11 months; symptoms similar to preceding, but unattended with convulsions the paroxysms were fully as severe, but shorter and more frequent, had more or less fever sometimes at night.

℞. Potass. bromid., gr. xj.
Ext. belladon., gr. jss.
Aqua flor. aurant., f℥iss.
Syr. ipecac., f℥j.
Syr. Tolutan., f℥iss. M.
S. Teaspoonful three times a day.

This child improved gradually and recovered in three weeks.

This treatment was adopted in all cases from the beginning, and very few existed longer than twenty days.

I never observed any of the peculiar narcotic effects of the belladonna, but an eruption almost invariably followed the use of the second bottle. It is doubtful which of the two, the bromide or belladonna, or both together, produced the eruption, certain it is, however, either will cause an erythematous condition of the skin when continued for a sufficient length of time, difficult to distinguish by a practical practitioner, at least by me.

Robt. B. S. Hargis, M. D.

Pensacola, Florida.

Milk Sickness.

Eds. Med. & Surg. Reporter:

The recent occurrence of several cases of the disease commonly known as "milk sickness," has again brought to my mind the fact that our authors on Practice, so far as I am aware, do not furnish the practitioner with anything very satisfactory as to its cause, nature, pathology, or treatment.

I desire to state that the cause of the disease is a microscopic fungus, a mold belonging to the division *sporiferi*, sub-division *coniomycetes*, usually taken into the stomach with the flesh or milk of animals that have taken it with their food or drink, the mycetia growing and multiplying there, invading the whole alimentary canal with its appendages as well as (probably) becoming diffused throughout the entire circulation, giving rise to very serious symptoms, and serious results, if not properly treated. It is

not necessary to give symptoms—they are well stated in the books. *Treatment.*—The first main object is to move the bowels, sulphur by the mouth and large enemata of castor oil and turpentine. To allay the gastric distress and vomiting, carbolic acid and chloroform. To prevent collapse, stimulants and full doses of quinia. Keep the bowels well open. Destroy the fungus by means of sulphur, carbolic acid, camphor, chloroform;. support the system by means of stimulants, quinia, and suitable nourishment. Let not the above-named remedies be used hesitatingly, but freely, largely. Some twenty cases have been successfully treated to my personal knowledge in the past three years on this plan. Complications must, of course, be carefully watched and treated on general principles.

I forgot to state that, when the bowels have once been started an occasional dose of calomel, rhubarb, and capsicum seems to be beneficial also.

CHARLES T. R., M. D.

Shelbyville, Ill.

NEWS AND MISCELLANY.

Cancer and Consumption.

Dr. Burdel, in a paper presented to the Paris Academy of Medicine, undertook to show a relation between these two fatal diseases. He thinks consumption transmits cancer, and *vice versa*. Of 100 cancerous patients, the children of 75 were consumptive. Such an important question, however as is here broached, must only be decided after a wide and unbiassed study of vital statistics.

On Exercise.

Dr. Farquharson says, in a recent number of the *Lancet*, on the subject of physical exercise: as regards the proper dose, so to speak, of exercise, every man, under ordinary circumstances, must be his own physician. Physiologists have calculated for us the amount of work which can, or at least should be done, by a healthy man; and Dr. Parkes states that such ought, if possible, to take a daily amount of exercise which shall be not less than 150 tons lifted one foot, this being equivalent to a walk of about nine miles. But, as he remarks, "as there is much exercise taken in the ordinary business of life, this amount may be in ordinary cases reduced." Of course, in diseased conditions we will usually be expected to interfere, and lay down precise rules; but average people might as well weigh their ordinary meals as calculate by the inch or ounce how much their muscles ought to do. I believe a weakened heart may often be braced up by a moderate amount of exercise, for this may act medicinally like digitalis, either paralysing or reinforcing cardiac energy according to its dose and mode of administration. I have seen several instances of boys who had been debarred from active exertion on account of palpitation speedily lose all their symptoms on being permitted to rejoin their companions' sports; and a striking case recently recorded in the practice of Dr. Stokes showed how a man suffering from intense dyspnœa, the result of extensive heart disease, only obtained relief by the violent exertion of running after a car.

Hard Water for Drinking Purposes.

We find the following in the Editor's Scientific Record in *Harper's Magazine* for August:

Dr. LETHEBY, in an article on the water supply of London, states that water of moderate hardness, like that used in London, Paris, Vienna, and some other European cities, is always to be preferred to that which is entirely soft, as being best suited for domestic purposes, on account of being brighter to the eye and more agreeable to the taste. He also makes the singular announcement that the French authorities are so well satisfied of the superiority of hard water, that they pass by that of the sandy plains, near Paris, and go far away to the chalk hills of Champagne, where they find water even harder than that of London; giving as a reason for the preference that more of the conscripts from the soft-water districts are rejected, on account of the want of strength of muscle, than from the hard-water districts, from which they conclude that the calcareous matter is favorable to the formation of the tissues.

Dr. Letheby further states that the mortality in England is greater, on an average, in places where soft water is used, other circumstances being equal, than where the water is hard; and it is suggested that the sparkling hard waters of the limestone districts are relished, not only because they are pleasant to the eye, but on account of some hygienic properties in the excess of carbonic acid they contain, and possibly because the percentage of lime acts medicinally upon the system. The Doctor concludes by expressing his preference for the very slightly hard water of London over a softer quality, although reprehending the use of water containing an excess of mineral matters.

Aphthæ.

Dr. J. E. GARRETSON, in his excellent work on the "Diseases and Surgery of the Mouth and Associate Parts," thus reconciles the very opposite views so frequently seen expressed by different writers on the subject of the aphthæ:

In the Greek, from which this term is derived, says the author, there are found two verbs of the same spelling; the meaning of the one is to "set on fire," that of the other, "to bind to," or "to fasten upon."

The mouth presents ulcers, or sores, of various signification—some which are characterized by pain of a burning inflammatory character; others chronic or cold in nature, furnish an inviting soil to a very persistent and almost omnipotent parasite—the oidium—this fungus fastening upon and binding such sores in its necklace-like embrace. It has thus very naturally occurred that pathologists, seeking an expressive term by which to designate these varying conditions, differently employed the common name as it happened to them to observe or adopt the one or the other of the roots from which the expressions were derived. That such uses of the dissimilar verbs on the part of various authors must have been made is necessary to be inferred to explain the differences which characterize their descriptions.

The Harp and Piano.

The comparatively modern Piano is claimed, and not without reason, as the legitimate successor of the Harp, the favorite stringed instrument of the ancients. For many years past there has been great rivalry and earnest competition in the manufacture of this popular instrument, and medals and certificates have been awarded almost without number to one manufacturer and another, until the public mind has really become somewhat confused on the subject. After all, the trained ear, without the possibility of collusion between the judges and the interested parties, is the only fair way to test the respective merits of the instruments in competition.

With the view of attaining such an unbiassed judment, the proprietors of the ARION PIANO FORTE, believing that their Pianos were really superior to all others, suggested the fairest possible method of testing the relative merits of the several instruments exhibited in competition by the different makers. This trial occurred immediately after the Paris Exposition, in the presence of the American Institute. The instruments of different manufacturers, including Chickering's, Steinway's, the ARION and others, were all covered (except the keys,) so that the eye could not distinguish one from another; thus leaving no opportunity for the expression of a *biased* judgment. After a fair trial of all the Pianos, which occupied two hours, the judges—distinguished and eminent musicians—concurred in the selection of one instrument as superior to the others, which, on the removal of the covering, proved to be the ARION. With a view of rendering this trial the more decisive, the players and judges then retired from the room. In their absence the Pianos were again covered, and their positions changed. The reader is left to imagine the surprise and mortification of the *chief competitors* when the second trial *ended in the selection of the same instrument.*

There is little occasion for further comment. In this case there was neither private interest nor personal prejudice to influence the judgment. No fairer test could have been devised; and the result of this memorable trial certainly confers upon the proprietors of the PATENT ARION PIANO a distinction of far greater practical importance than the Legion of Honor.

(See the advertisement of the Arion Piano Forte in our advertising columns.)

——Old Dr. Heim, of Berlin, was as original and eccentric as he was celebrated. He used to treat annually as many as 3,000 poor people; but, on the other hand, he demanded liberal fees and respectful treatment from great people. One day the Palatine of Hesse, while on a visit to Berlin, went to consult him. Seeing that the Prince remained seated when he entered, Heim said abruptly, "Would your Highness please to stand up for a moment?" The astonished patient did as he was bid. "So; that will do; now, please to turn about once." This having been done, he remarked, with a musing sort of manner and in a leisurely tone, "Hum! Just as stiff as I should have expected a Palatine to be!"

Obituary.

JAMES COPLAND, M. D., F. R. S.

Dr. Copland, whose death is announced by cable, was born in the Orkney Islands, in 1793. He graduated as M. D. at the University of Edinburgh, in 1815, and removed to London. He traveled for some time in Europe and Africa, and finally, in 1821, settled for practice in London. Dr. Copland was connected with a number of medical institutions, and he was a frequent contributor on medical and scientific subjects to the London *Medical Repository*, of which he was for a time editor, and to other journals. He also wrote a number of more elaborate works, the most important of which is his "Dictionary of Practical Medicine and Pathology," which is an established work of reference both in Europe and America. Dr. Copland was an honorary member of the Royal Academy of Science of Sweden, and of several other Continental academies and societies. He was also for some time the President of the Royal Medical and Chirurgical Society, and of the Pathological Society of London.

MARRIED.

KENNEDY—LANDERDALE. July 7th, 1870, at the residence of the bride's parents, Castalian Springs, Sumner county, Tenn., by Rev. Mr. Bowde, Thomas J. Kennedy, M. D., and Miss Lucy Caroline, youngest daughter of Major Wm. A. Landerdale, all of Castalian Springs, Sumner county, Tennessee.

(Philadelphia papers please copy).

JACK—SHOEMAKER. On the 20th instant, by Rev. B. F. Barrett, Dr. Louis Jack, and Miss Caroline Shoemaker, all of Philadelphia.

WALL—HUKILL. In Wellsville, Ohio, on the 5th inst., by the Rev. J. B. Brownlee, Dr. Thomas M. Wall, of Iowa, and Mrs. H. V. Hukill, of Wellsville.

DIED.

GIHON.—In this city, on the 15th inst., Walter, son of Dr. James L. and Catharine Gihon, in the 18th year of his age.

HOSACK.—June 22d, of scarlet fever, daughter of Dr. W. S. and Mrs. Carrie S. Hosack, of Dayton, Pa., aged 4 years, 2 months and 26 days.

HUNTER.—At the residence of his son-in-law, Joseph H. Hunter, at Burnt Cabins, Pa., on June 29th, John Hunter, M. D., in the eighty-fifth year of his age.

The deceased was born at Golan, county Tyrone, Ireland; graduated at the University of Glasgow, and continued the practice of his profession up till within a short time of the close of his life.

SMITH.—On July 17, 1870, Jas. W. Smith, M. D., at Clarington, Forest county, Pa.

WRIGHT.—At Newton, L. I., July 15, Elizabeth A., wife of Dr. J. C. Wright, in the 57th year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 701.] PHILADELPHIA, AUGUST 6, 1870. [Vol. XXIII.—No 6.

Original Department.

Communications.

CLINICAL OBSERVATIONS ON HYDRATE OF CHLORAL.

By P. D. Keyser, M. D.

Surgeon and Clinical Lecturer on Ophthalmology to the Philadelphia Eye and Ear Infirmary.

As hydrate of chloral seems particularly to attract the attention of the profession at this moment, and as it has been my pleasure the past few months to try its effects as an hypnotic and narcotic on several cases, my observations may be of interest to some of your readers. I have therefore taken from my note book the following cases for your journal:

1. *January*, 1870.—And. H., æt. 33 ;panophthalmitis ; came to my office. Gave him 15 grs. chloral in solution. In twenty minutes he began to feel some relief from pain; and in one hour pain was gone and he slept for three hours. On waking, he complained of cold feet. Pulse reduced from 96 to 80. No action on the kidneys or bowels. Next day removed ball under chloroform.

2. *January*, 1870.—Edward B., æt. 22; tenonitis, after operation for strabismus. Gave 15 grs. chloral in solution. No sleep nor relief from pain for two hours; again given 15 grs.; had dull, drowsy feeling; relief from pain, but no sound sleep; dreamy and starting; headache in the morning. Next night gave 25 grs. in solution. In 45 minutes was sound asleep, and continued so for six hours. This time had no dreams nor headache on waking. No particular action in the kidneys or bowels.

3. *January*, '70.—Mrs. M. B., æt. 54; iritis—after Graefe's operation for cataract ; 25 grs. chloral in solution, given at night; relieved pain, and was comfortably asleep in 25 minutes; pulse beat 60; respiration good; perspired pretty freely. Sometime in the night was aroused by an alarm of fire near the Infirmary, and the running of the steam engines and ringing of the fire bells; but soon fell asleep again, and slept till morning. Considerable pain in the head next morning; attributed it to the disturbance during the night. Next night gave 25 grs.; slept well and comfortably for 7 hours; headache next morning; no action on the kidneys; bowels constipated —always had been so.

4. *January*, 1870.—Kate M., æt. 26; iridectomy for occlusion of pupils. Having considerable pain, ordered 20 grs. chloral in solution, at 9 P. M.; had ease in 15 minutes; in one hour was asleep, and continued so till 7 o'clock next morning without pain ; no headache; pulse and skin normal; no action on the kidneys or bowels.

5. *February*, 1870.—Mrs. G. N., æt. 30; iritis; had been suffering greatly for a week past; could neither eat nor sleep from pain ; had taken sol. morphiæ from a neighboring druggist, but vomited immediately after taking it, and fearing to try it again she came to my clinic ; ordered 15 grs. chloral in solution ; fearing to give her a stronger dose, as she was so weak and emaciated from the suffering, etc.; in 10 minutes was much easier, and in 30 minutes was sound asleep, remaining so all night. Awoke in the morning refreshed; no headache, but great hunger ; ate a good breakfast, and seemed to do well all day. Towards night, pain returning, ordered 20 grs. in solution ; she again slept comfortably all night without dreams; no headache ; no action on the kidneys or bowels the next day. The pulse improved very much on the second day.

6. *February* 14, 1870.—T. F., Esq., æt. 45. I was called to this patient and found a severe

iritis, suffering great pain, with no sleep for several days and nights; pulse 96. Ordered 20 grains chloral in solution, and if that did not give him rest, 20 more in two or three hours. After the first dose he felt relief from pain in about thirty minutes, and dozed for about three hours, when waking with great pain the second dose of twenty grains was given him; he then slept for five hours comfortably. Next morning no headache; felt refreshed, and some appetite. All day had some considerable numb feeling. Toward night, pain increasing, ordered 20 grs., and he passed a comfortable night. There was no nausea, nor dreams. While going under the influence of the preparation he complained of being chilly, and had an extra blanket put over him.

7. *March* 14, 1870.—Mrs. E. W., æt. 40. retinitis; great nervousness, ordered 15 grs. chloral in solution at night; in 30 minutes the patient was quiet for 3 hours, with no actual sleep; 15th, ordered 20 grs. in solution; in less than one hour was asleep, and slept soundly for 6 hours, considerable snoring during the time; no dreams, nor headache; pulse reduced from 94 to 84; skin and temperature good; kidneys act very freely during the day.

8. *May* 16, 1870.—Mrs. Cecilia S., æt. 55. Acute glaucoma; pain very great; small, emaciated person; ordered 15 grs. chloral in solution; pain relieved in 30 minutes, and soon slept soundly for 4 hours; on awaking was again given 15 grs, after which she slept without pain for 5 hours longer; she now took the notion that she would not take it any more, and for one day some morphia was given her, which made her so sick and miserable, that she was glad to return to the chloral; 15 grs. in solution given her, and again slept without pain or nausea for 7 hours; complained of a tingling sensation in the legs and arms; no action on the kidneys or bowels; pulse reduced. 4th day, after taking 15 grs.; awoke with considerable nausea, which soon passed off, and she took some beef tea, etc. This was the only time she had any nausea, and continued the chloral every night for some days yet, as she would not consent to any operation for relief.

9. *May* 29, 1870.—Mrs. Julianna B., æt. 64; iritis and beginning slough of the cornea, after Graef's operation for cataract; pain very great; weak, debilitated person; ordered 10 grs. chloral in solution, at 8 P. M.; in a short time the pain was relieved, and she slept soundly until 1 A. M.; 10 grs. again given her at that time, and she rested quietly till 9 A. M.; during the morning complained of a queer numb and tingling feeling throughout, with cold feet; the pulse was good, and temperature of the body normal, although she complained of being chilly; no headache.

30*th*.—10 grs. again given her at 9 P. M.; she slept in twenty minutes, and did not wake for eight hours, when she complained that the noise in the street woke her and had given her the headache; still cold feet; hot bricks had been put to them during the night; this small dose of 10 grs. was continued every night for several days, with very happy results.

10. *May* 19, 1870.—David P.. æt. 23: rupture of anterior capsule and iritis; pain exquisite; 30 grs. chloral in solution given; pain relieved, and sleeping soundly in forty minutes; slept the whole night until 6 A. M.; no dream; no headache; no action on kidneys or bowels; next day made iridectomy, and removed the softened, swollen lens; gave 20 grs. chloral, and that night slept well again.

11. *June* 14, 1870.—Kate T., æt.30; neuralgia oculi—with sick stomach; ordered 15 grs. chloral in solution the first night. It seemed to have no effect in the least. 25 grs. were given, which acted very soon, and she slept for 3 hours, with dreams and startings; awoke naturally; no vomiting; complained of great heat of the skin and head; no action on the kidneys or bowels.

Remarks.—It seems that there is a greater difference in the susceptibility to this agent than in the ordinary narcotics. It appears that the condition of the patient has more to do with its action than the age. Those who are feeble and weak, whether of long duration from ill-nourishment, etc., or debilitated in a short time from great pain and suffering, are the most easily affected by it, and require smaller doses. In case 1, where 15 grains acted favorably, the patient had suffered so greatly that he was completely prostrated. So also in the 5th case. Cases 8 and 9 were feeble, weak, ill-nourished persons. It is seldom that small doses of 10 to 15 grs. will have any effect in persons of ordinarily good condition; and in my experience, to get the proper action, it should be given in doses of 20 to 30 grs. at once, and not in frequent small doses. There were no heart complications present with any of the above cases, and I saw no

unpleasant symptoms, although cold feet and chilliness was complained of in some.

I found no influence on the secretions. Only in one case did the kidneys act very freely; but that I attribute to the extreme nervousness and excitability of the patient rather than to the action of the salt. There was nausea only in one case, and that was after morphia had been used first. In case eleven there were nausea and vomiting when it was given, which it seemed to suppress. Relief from pain always took place even when sleep was not arrived at. I was particularly struck with its similarity to chloroform in cases 6, 8 and 9, in the experiencing of the tingling sensation and the numbness.

Fearing severe phlegmon I have not tried it hypodermically. In reviewing these cases my experience, as far as it has gone, teaches me to agree with the remarks of Dr. Da Costa in his valuable paper in the *Am. Jour. of Med. Sciences*, April, 1870, "that it has decided hypnotic narcotic powers; but that its action is not always the same; that the sleep is not always speedily induced, nor without dreams. Nor does it seem to act on the secretions."

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.

Of Philadelphia.

(*Continued from page* 71.)

We may also, in rhinal inflammation, employ various medicaments in the form of nebulization; a convenient and simple instrument for the purpose is seen in Fig. 15. It is arranged mechanically to fit it to the purpose designed

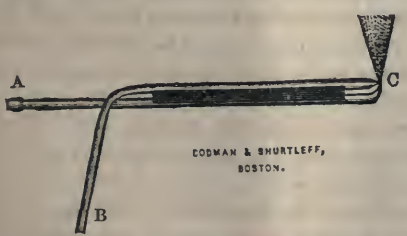


Fig. 15.—Nazal Nebulizer.

and as shown, is based upon the ordinary principle of atomization, the tube A being intended for the attachment of the India rubber ball pump; the curved extremity of the tube B to pass through the cork of a small bottle which contains the solution to be applied in form of spray, to the posterior nares. The two tubes are fastened together by a small piece of intervening wood, to which they are glued, forming a sort of stem sufficiently long to permit the point from which the spray issues to pass behind the velum.

In treating disease of the mouth of the Eustachian tube, Mr. Bishop makes use of the syringe shown in Fig. 16, and alleges that the

Fig. 16.—Bishop's Syringe.

spray enters into the cavity of the tympanum. It has the ordinary hand-ball attachment. The reservoir of the instrument is of glass, and graduated to adjust the quantity of fluid that it is desirable to nebulize. I have, however, not found that it answers the purpose of bringing the spray in contact with the naso-phyrangeal walls and Eustachian orifices so conveniently as the simple instrument above described.

The ordinary method of applying astringent vapors to the nares is simply to volatilize the substance in a vessel placed in a sand-bath, or in a bowl of hot water, or even drop it in the hot water, in this way the vapor arising carries along with it the medicine, which may then be inhaled through the nostrils.

Pomeroy has devised the little conical instrument, shown in Fig. 17, for applying the vapor of iodine to the nares. It is made of

glass, hollow, the cavity communicating exteriorily by three apertures, the one in the rear for the attachment of a hand-ball to propel

FIG. 17.—POMEROY'S VAPOR DOUCHE.

air through it; the second, at the side, through which a piece of sponge and a little tincture of iodine is introduced and corked up, and the third aperture at the point, from which the vapor of iodine issues, under pressure from the hand-ball, and enters the nasal cavities.

Powders of alum, calomel, or other agents, may be brought into contact with the diseased turbinate bones, by means of Rauchfuss' instrument which we shall show on a subsequent page.

In further illustration of the subject of chronic rhinitis, with swelling and blocking of the nares, we shall append the following case from Mackenzie, of a patient, Mrs. E., æt. 41, who applied in June, 1863, on account of a constant feeling of stuffness and troublesome pricking sensation in the nose. She said that for the last three years she always felt as though she had a cold in her head; but there was no discharge. She also had a constant inclination to snuff through the nostril. She had taken a great deal of medicine, and tried sniffing alum through the left nostril, but without any benefit. The physical conformation of the parts was favorable to rhinoscopy, and with the mirror the mucous membrane over the middle turbinated bone on the left side was seen to be so much swollen that it completely blocked up the left nasal passage. The mucous membrane was of a deep red color. With a curved brush he applied several caustic solutions to the affected parts. Solutions of nitrate of silver, sulphate of copper, and iodine were each used for some weeks, but the greatest benefit resulted from the last named agent. At the end of four months the subjective features of the disease had entirely given way and the patient considered herself cured. All the inflammation had subsided, but the mucous membrane, though no longer at all congested, was still a little swollen. Four months after the last application to the nares, the patient still felt perfectly well.

II.—ULCEROUS RHINITIS.

Ulcerous rhinitis, or ozœna, is a subject of considerable interest and importance to the rhinoscopist, as it is by no means infrequent, and the decision of the nature of the morbid changes, as they occur in the nares, can only be made certainly evident by the rhinal mirror. Considerable confusion has arisen in classifying the cases which fall under this head, from the difference they sometimes present in their symptoms. Some have regarded the fœtid ordor as a *conditio sine qua non* of what they call ozœna, and they are etymologically correct. But a better view to be taken of the matter is to reject the shackles of an antiquated nomenclature, and regard all cases where ulceration is present, with or without fœtor, excluding cancerous diseases, of course, as ulcerous rhinitis, modified only by the varying conditions under which it occurs. Under this view of the case we shall allude only to non-specific or common, and specific rhinitis, the former arising commonly from chronic rhinitis, and the latter from syphillitic infection.

(*a*) Common ulcerous rhinitis occurs always between the ages of ten and twenty-five, or thirty; it is characterized in its commencement by local symptoms not unlike those of chronic rhinitis, the secretions may or may not be offensive. Generally they are so, and they vary in color—yellowish, greenish, and even blackish, and in consistence being mostly fluid, but often coming away in greenish or dark-colored crusts. The nostrils are obstructed from the swelling of the nasal mucous membrane; there is more or less sniffling in consequence, itching, or even, in severe cases, a little pain. Ulcerative patches seated near the nostrils can be seen clearly with a good speculum in bright sunlight. When further back, of course, the pharyngeal mirror is indispensible, and an examination will reveal the ulcerated spots on the turbinate bones, or septum. The destruction of tissue in mild cases is but superficial, while in others it extends to the very bones, whose rough necrosed surfaces may be easily felt with a curved long aluminium wire probe. The mucous membrane is swollen, deep red, or of a bluish color, and perhaps separated from the parts beneath by infiltration. Stringy

mucous or pus hangs upon the turbinate bones or patches of the same material are seen, sometimes approaching a black color, upon some part of the surface as seen in the mirror. Semeleder relates an illustrative case in which a school boy, sixteen years of age, was affected with ozœna; there was ulceration upon the upper and inner edge of the left nasal cavity, and upon the turbinate bone of the right side with loss of substance of the middle turbinate bone (and necrosis of its bony structure), and finally a slight infiltration protruding in a point from the roof of the pharynx. The turbinate bones in the left side were bluish in color and hyperæmic. After a treatment of several months, consisting in keeping the parts scrupulously clean, and painting them with a solution of one grain of iodine, and one scruple of iodide of potassium, in an ounce of glycerine, and constitutional treatment on the supposition that the disease was a scrofulous origin. The patient got well. I had recently a case of a man twenty-four years old under treatment for the same disease, of thirteen months' standing. The pharyngeal mirror showed the existence of ulceration and necrosis of the inferior turbinate, and ulceration of the septum. Cure was effected by the local application of solution of iodine in glycerine, and general tonic medication.

(*b*) Specific ulcerative rhinitis depending on syphilitic infection may be detected with the pharyngeal mirror affecting the mucous membrane and turbinate bones. There is also usually an extension of the diseased process upon the walls of the pharynx and velum. The image presented will vary according as the ulceration is still progressive, or partially or totally healed. In the former case, the surface of the ulcer may be observed deep red and granular, smeared with muco-purulent matter, and irregular in shape; if the morbid process has penetrated deeper, the surface of the bone beneath presents itself to the eye, and its very hard surface may be made evident to the touch by the probe; portions of the turbinate bones and septum are sometimes entirely destroyed, giving the nares a more spacious area.

Syphilitic ulcers leave behind them, after being healed, alterations in the tissues easily perceived by the surgeon. An interesting case of such changes is related and figured by Semeleder, in a person, twenty-three years of age, cured by the use of mercurial inunction. The soft palate was entirely wanting; upon the edge of the loss of substance, at the left side, there was a bluish, smooth cicatrix; upon the right there stand granulations, which seem to continue along the floor of the nasal cavity, and from which a fine, reddish, transparent bridge leads to the nasal septum; the left inferior turbinate bone is wanting, save a stump; the right inferior and middle turbinate bones are partially destroyed; the mouth of the right tube cannot be well recognized amid the furrow and protuberances which surround it; in the neighborhood of the mouth of the left tube, and upon the external edge of the left cavity, there are respectively small yellow pointed infiltrations; the entire mucous membrane of the naso-pharyngeal space and of the nasal cavities is deeply reddened.

Last August I had the opportunity to examine an anologous case, in which the destructive process had gone to a much greater degree, there being a perforation in the hard palate through which I could introduce a mirror, and but a remnant of the septum remained anteriorly and superiorly. These old syphilitic changes of the naso pharyngeal mucous membrane should not be confounded with those produced by rhinitis or unspecific ulceration, which sometimes leaves permanent cicatricial irregularities upon the membrane, but the history of the case, taken with the rhinoscopic appearances, will generally give the physician sufficient data for a differential diagnosis. A few days ago I examined a girl, 16 years of age, in which there were old syphilitic cicatrices. The broad and sunken bridge of the nose, and other objective and subjective symptoms, stamped the case positively as of venereal origin. In these instances, besides the local treatment, general medication for the constitutional disease will be required.

3.—EPISTAXIS.

In some rare cases, obstinate bleeding from the nose depends upon congestion and ulceration of the mucous membrane of the turbinate bones. I have seen this twice in children convalescent from scarlatina, and in one of them, though that disease occurred two years ago, I have had occasionally to apply local medication to the posterior nares to remove a congestion giving rise to occasional bleeding from the nose. A case of epistaxis, of much longer duration than any I have seen, is given by Gibb, of a girl, æt. 17, of stru-

mous habit, pale and delicate looking. She had had whooping cough, measles and scarlatina, when four years old; after the last she became subject to bleeding at the nose, which remained persistent, occurring daily from both nostrils, but more so from the left than the right. The catemania commenced in her sixteenth year. Rhinoscopy was difficult on account of some contraction of the velum palati from the scarlatinal angina (no doubt attended with ulceration, as cicatrices were seen here and there), yet it was carried out, and showed very red and vascular ulcers on the posterior surfaces of both inferior turbinate bones, which gave rise to the constant bleeding which had blanched the patient. Topical treatment, such as the application of a solution of nitrate of silver to the ulcers, and attention to the general health, were the chief means relied upon to bring about a cure.

4.—PHARYNGITIS.

Pharyngitis occurs, as does rhinitis, under three forms: acute, chronic, and ulcerative.

(*a*.) Acute pharyngitis presents itself as a diffused bright or bluish redness of the pharyngeal walls, hyperæmia and proliferation of the mucous membrane which presents strings or flakes of tenacious mucus adhering to it here and there, or is covered with a thin whitish pellicle. The other symptoms are a tickling or dryness, and a sense of heat in the throat, and some little difficulty in deglutition. This form of pharyngitis in rare cases penetrates to the cellular tissue between the pharynx and vertebræ, giving rise to retro-pharyngeal abscess, the projection of which towards the *choanæ* may be observed. This form of pharyngitis is sometimes found in connection with low fevers, particularly typhoid.

(*b*). Chronic pharyngitis is the result of repeated attacks of coryza; the mucous membrane is very frequently the seat of limited pharyngitis, and few persons escape during cold, damp weather having some change of this sort produced, but the symptoms are not at all sufficiently marked in the majority of cases to attract attention; perhaps a little hoarseness, or sense of dryness of the parts, which soon pass away, are the only phenomena presented, yet if the pharynx is examined it will present patches of redness, on one side or the other, often on both sides of the median line; at other times the surface appears covered with a thin, glistening, varnish-like membrane, or is rough and red, or granulated.

What is called granular pharyngitis, is the result of inflammatory alteration in the glandular structure of the membrane, producing neoplastic infiltration of its tissue under the form of little prominences, mostly seated upon the posterior pharyngeal wall, varying in size from a pin's head to a split pea. This condition of the parts may occur in the sinuses of Rosenmüller, which is, particularly rich in follicular glands, and the hypertrophy of the mucous membrane leads to obstruction of the Eustachian tubes. These appearances may be observed in the rhinoscopic mirror. The discharge of mucous secretions of varying character from the throat is often considerable, and causes the patient most anoyance in the morning, after he rises from bed, as it has then accumulated in the pharynx by the inactivity of the muscles of this cavity, and the horizontal position of the head during sleep. The patient feels a sensation of dryness and irritation in the throat, hawks constantly until the matter is expelled, when there is exemption from the annoyance until the next morning. Chronic pharyngitis is also connected with gastric derangement, and as already stated it has been suggested that they stand in the relation of cause and effect, the pharyngeal secretion causing irritation of the gastric mucous membrane. Many cases of the so-called clergyman's sore throat are follicular pharyngitis; habitual tipplers are likewise with clergymen frequent subjects of the same form of disease.

(*c*). Ulcerative pharyngitis is most always observed as a result of syphilitic infection, the rare cases of simple ulcerative pharyngitis having been first observed by Louis as occurring in typhoid fever after the twenty-fifth day. The ulcers are usually small and numerous, or occurring in one large patch, and are evidently seated in the glands of the pharyngeal mucous membrane.

Syphilitic ulcerative pharyngitis is exceedingly tardy in progress, and the rhinoscopic appearances will vary with the period at which it is observed. The ulceration may be superficial, occupying any portion of the pharyngeal walls, or the posterior surface of the velum, or may have gone on to extensive destruction of the soft tissues down to the very bone which then appears necrosed, leading in its removal to perforation of the palate; the

mucous membrane is deep red, infiltrated, and covered with muco-pus, and when the ulceration has involved the Eustachian apertures, the hearing will be much impaired or even altogether extinguished.

Pharyngorrhagia, or hemorrhage from the pharynx, has been observed to occur in exceptional cases, and examination has showed it in one instance to proceed from enlarged vessels, and in another form an erosion of the posterior pharyngeal wall. The mirror is of assistance in revealing the seat of disease, and in facilitating the application of appropriate remedies for its relief.

The inflammatory and ulcerative actions that we have now spoken of as affecting chiefly the mucous coating of the naso-pharyngeal cavity, may in some cases extend deeper, and involve the muscular layer of its walls, impairing materially the functions of the individual muscles composing it or in connection therewith, thus producing difficulty or pain in swallowing and speaking, rendering the *laxator palati* incapable of discharging its functive in controlling the opening and closing of the Eustachian tubes, thereby disturbing the physiological equilibrium of the air in the cavity of the tympanum, and marring the hearing. Swelling of the faucial arches may produce the same result by the mechanical pressure they exercise upon the tubes.

5.—Morbid Growths.

(*d*). The most common sort of morbid growths found in the naso-pharyngeal cavity is polypus, but before we consider that subject, it will be necessary to remark that in some cases we encounter certain irregularities in the surfaceof the mucous membrane of the septum, which sometimes becomes hypertrophied and presents tumor-like projections which are always slow in growth, and according to Czermak and Semeleder, give rise to no annoyances whatever; the latter author remarking, in relation to this subject, that we find not unfrequently upon the lowerthird of the nasal septum, near the pale yellow band, which corresponds to the edge of the tumor, the mucous membrane, more or less arched forward, puffed out, and forming little irregularities. The color of these protuberances is never the deep red of the mucous membrane of the pharynx, which is shown upon the superior third of the septum, but yellowish, shading even to a bluish grey. These protuberances are of various sizes, their surface sometimes smooth, sometimes finely granular, like a strawberry. It is manifest that these "growths" are seated somewhat deeper than the free edge of the septum even within the nasal cavities. In one case this growth included the middle and inferior third of the nasal septum, in the shape of two long lateral tumors of a fine granular surface, situated upon the septum, which, diminishing downward, unite, and together have the form of the heart of playing cards; at the same time the upper portion of the septum is represented as arrow-pointed, smooth, yellow, and shining.

I call attention to the remarks of Semeleder, as I have seen several instances of the same sort, and in my own case this condition is well marked, except the median swelling is oval instead of heart-shape, and in its width occupies the whole space between the inferior turbuate bone and septum.

6.—Polypus.

The naso-pharyngeal cavity, like others lined with mucous membrane, is liable to that form of morbid proliferation called polypus. We find the two common varieties, gelatinoid and fibrous; the former is pyriform in shape, composed of loose fibro-cellular tissue, filled with a thin albuminous fluid; it is found most commonly adherent to the turbinate bone, particularly the upper, by its narrow constricted portion or neck, and exists singly, or in broods as it were, varying in size from that of a bean to that of an oyster. The other, or fibrous polypus, generally exists singly; is attached to the mucous membrane by a swollen base, and occupies some part of the pharyngeal walls or *choanæ*, and as its name imports, consists of white glistening fibres, interlacing among themselves in the most intricate manner. The surface of the growth is dark-red or purplish in color, and bountifully supplied with blood-vessels.

When the polypus is of moderate extent, and does not fill up the pharyngeal cavity, its character and attachment may be accurately ascertained with the mirror; if larger, the utility of the mirror will be confined to studying the surface character of the growth only, and to aid us in applying our ligatures or wire nooses for galvanic cautery. We shall again refer for an illustration of the rhiniscopic character of this sort of growth to Semeleder's valuable treatise on rhiniscopy. It was the case of a boy who immediately before the removal of a naso-pharyngeal polypus by means of

the galvano-caustic, presented the following pathological condition :

At the opening of the left nostril lay a soft, elastic, bluish-red mucous polypus, semi-transparent, and of an oval shape, which was quite movable, and attached superiorly. If this was elevated by a chisel-shaped probe, it was seen to lie upon a second polypus much paler and more firm, situated upon the floor of the nasal cavity in such a way, that between the two the space was almost entirely filled up.

The finger, passed behind the large and flaccid vellum, felt a quite firm body hanging down, about as large as a walnut, rounded off and having two lobes; it could be completely circumscribed, and was seated with its broad root upon the anterior half of the roof of the pharynx, and over the nasal septum. Besides, the finger felt in front of the polypus the entire left nasal cavity filled with an uneven, rather thick, polypus formation. The right cavity was somewhat narrowed by the nasal septum, which was pushed toward the right side ; it was otherwise clear and accessible to the index finger for a considerable distance. The nasal bones are pressed apart somewhat; respiration through the nose was rendered difficult, especially through the left nostril ; the sense of smell almost entirely absent ; the swallowing was not affected.

The examination with the naso-phyrangeal mirror exhibited the pharyngeal branch of the polypus very plainly as a bluish-red, shining, round body, with numerous enlarged vessels, and with its surface partially eroded. The mouths of the tubes, the septum, and the walls of the nares, which a few weeks before were still partly visible, could no longer be seen ; on the contrary, a part of the pharyngeal portion of the polypus, which at first had been concealed by the everted velum, was now seen.

The operation was performed by Dr. Zsigmondy, by the galvano-caustic, without the loss of blood, except a slight flow which occurred during the application of the wire. The nasal and pharyngeal portions of the polypus were removed separately. The entire weight of the mass was about four drachms, and about the size of a goose-egg.

After the operation, repeated hemorrhages occurred from the left nostril, so that frequently the tampon was necessary. Seven weeks after the operation the patient was discharged cured. The rhinoscopic characters were then the following : The nasal septum was seen pressed so far towards the right that the right cavity seemed only a crevice of 2 to 3 ‴ in width, while the left was much enlarged. At the base of the skull, towards the left (seen in the mirror), there was a slightly curved bluish-gray cicatrized surface, the point of attachment of the pharyngeal portion ; and upon the upper and exterior region of the left nasal cavity, within the opening of the posterior nares, there was a yellowish-green crust of dried pus and mucus, the imperfectly cicatized point of attachment of the nasal portion. The rest of the mucous membrane of the naso-pharyngeal space was very uneven ; the mouths of both tubes were normal ; that of the left was directed somewhat downwards. That the right nasal cavity should be so much constricted at the time of the patient's dismissal, whilst before the operation the point of the index-finger could be introduced into it, can be explained by a still further inclination of the septum from the repeated application of the tampon to the left nasal cavity.

We must be careful, in our rhinoscopic explorations, not to blunder in confounding an enlargement of the turbinate bones with a polypoid growth, even in the healthy condition, as recorded by several authors. Skillful surgeons have committed this mistake, taking the middle turbinated bone for a polypus. Now, this would be much more likely to happen if the mucous membranes covering the bones be much thickened and obstruct free respiration ; but careful consideration of the characters distinctive of each of these conditions already pointed out, will be sufficient to prevent mistakes.

7.—FOREIGN BODIES.

Foreign bodies impacted in the nares may often be seen, when they occupy a position well back in the meatuses, with the pharyngeal mirror. Such objects as beads, seeds of various sorts, have thus been discerned and removed by means of a pair of long forceps, curved at the point.

8.—DISEASES OF THE EUSTACHIAN TUBES.

We shall only say a few words concerning diseases of the Eustachian orifices. These tubes have an intimate relation with parts in the naso-pharyngeal space, and particularly with the lavater palati, the normal action of which muscles is indispensable to perfect hearing. Dieffenbach was the first to make known this connection, demonstrating that

most persons with cleft palati were also hard of hearing. In such cases, the muscle has no fixed point from which to exert an influence upon the mouth of the tube required in the proper performance of the function of hearing, which is entirely restored in most cases by the operation uniting the fissure. Semeleder further directed attention to the difference in shape of the Eustachian orifices in fissured palate to what obtains in the normal condition.

The condition of the mucous membrane in the neighborhood of the Eustachian orifices must also influence the function of hearing, and these conditions are made known by rhinoscopic examination. Plugs of yellowish mucus are often seen after good convalescence for scarlatina, chocking into these orifices, and even in catarrhal cases, but do not seem to impair the hearing in the least; a short time since I examined the throat of a gentleman who had had a slight attack of the disease, and three months later, these yellowish mucus plugs were quite evident; the hearing was not at all affected. I have seen a number of such cases. The mucous membrane may be swollen about the tubes, occluding their caliber, or it may be the seat of little tumors of varying appearances—long, smooth, semi-circular swelling of the tissues, or distinct, deep red, globular or cock's comb growths. This region may also be the seat of considerable tumefaction from enlargement of its numerous glands.

There are other rare conditions of the Eustachian orifices, which need only be noted so that the observer may be prepared to recognize them when presented. The orifices may be unsymmetrical in position, or their lips may be connected by cicatricial adhesions.

The aurist will find some aid also in introducing the Eustachian catheter as this can be done with certainty, when with the phyrangeal mirror, the Eustachian orifice and point of the catheter can be kept in view at the same moment; but this subject does not fall within our province.

—— A sufficient amount of money has been subscribed to secure the erection of a suitable memorial to the late Professor Faraday. The chief contributions came from men of science. About $7,000 (gold) have been received. The present scheme is to erect the memorial in the British Museum.

Hospital Reports.

CINCINNATI ACADEMY OF MEDICINE.

May, 1870.

By W. Minor Logan, M. D.

(reported by J. W. Hadlock, M. D.)

Pathology and Treatment of Tubercular Consumption.

Without pausing to discuss the relative merits of the various theories that have been proposed concerning the nature of this disease, or for other preliminaries, I proceed to the consideration of some investigations that I have recently made.

The chemical analysis of tubercle shows that the phosphates, especially the phosphate of lime, is the inorganic element of this morbid deposit, just as iron is an inorganic element of hæmatin.

And according to that law of physiological chemistry known as vital affinity, we would reasonably expect that the introduction of the phosphates into the system of a tuberculous subject, would give rise to a corresponding increase of the tubercular deposit.

And by a series of experiments, conducted by Mr. John Taylor, upon tuberculous subjects in the Liverpool work-house, they were found to hasten the development of the disease, and would therefore seem to tend conclusively in the estimation of that gentleman to the establishment of our hypothesis.

Such distinguished men as Profs. L. M. Lawson, George B. Wood, Henry Hartshorne and others, after repeated trial of the phosphates and hypophosphites of lime, soda, and potassa, have published the results of their experiments, expressing their discouragement.

I do not know of any one who now claims for them that degree of reputation which Drs. Stone, Churchill and others at one time anticipated that they would enjoy.

I have, indeed, been employed in cases in which the patient had gradually sunk under them in the care of other and first-class practitioners, when a directly opposite course of medication was instituted, followed by the most flattering results.

"The urine of tuberculous subjects," says Lawson, "appears to contain less solid constituents, particularly the nitrogenised elements, while the salts, especially the phosphates, are in excess;" and this statement has been supported by the majority of my own observations. Niemeyer, in speaking of "laryngeal phthisis" says, that in the progress of the disease, the laryngeal cartilages frequently undergo ossification. He also states, as do all others, that "it is exceptional for persons deformed by rachitis" (in whose systems there is a deficiency of the phosphates.) "to become or die tuberculous." "Freund,

of Breslau, regarded ossification of the first costal cartilage as a cause of phthisis, on the hypothesis that it prevented the free expansion of the chest, and by its acting as an irritant produced inflammation at the apices." I, myself, when a student, long before the conception of this theory, in opening the chests of a number of tuberculous *cadavers*, observed that *all* the costal cartilages were quite hard: one case in particular, a young female apparently about twenty years of age, in one of whose lungs were large tubercular masses, while in the other was a large cavity; and whose costal cartilages were almost hard as bone, which I then attributed to the disturbance of circulation and nutrition as having probably given rise to an almost perfect state of dryness in those tissues. Concerning the greater prevalence of phthisis among the poor than among "the more well-to-do classes," Niemeyer attributes to the food of the former being chiefly vegetable; and this, it is well known, is the principal source of the element now under consideration.

"In ordinary food, there is more of the phosphates than the system has need of; and in those very disorders in which they are supposed to be indicated, they are not unfrequently in excess in the blood and urine."

Dr. FRICK, of Baltimore, analyzed the blood of four cases during the existence of crude tubercles, and states that, among other deviations from the normal standard, he detected an increase of lime; the quantities in the different cases being respectively: 272, 257, 276, 283; remarkably contrasting with 183—the normal proportion; and BAUMES claims to have detected in the blood an excess of phosphoric acid. Again, bearing on this point, Dr. Lawson, in treating of gray tubercles, says: "they vary in size from that of a millet seed to that of a pea; and in consistence from a soft structure *to almost cartilaginous hardness*; being somewhat friable, and presenting a granular surface when cut." It is obvious that their soft structure is most probably due to the deposit being quite recent; still, in a partial state of solution, their more fluid constitutents not yet having been absorbed—and that "*their almost cartilaginous hardness*" is due to their being to a great extent of a calcareous nature, with their fluid properties completely absorbed.

In regard to cretaceous tubercle, Dr. Lawson says: "the chemical analysis of cretaceous tubercle shows that the animal matter becomes absorbed, while the earthy or inorganic materials remain. The relative proportion of the organic and inorganic substances in the two forms of tubercle becomes exactly reversed, when the cretaceous change occurs; which is doubtless due to the absorption of the organic, while the vessels are incapable of taking up the inorganic. Pathologists speak of this change as absorption of the organic elements, while the deposition of the inorganic continues, and thus replaces the former substance. According to this view, the earthy material is an independent secretion, continuing after the deposit of the ordinary tubercular matter has ceased. It is far more probable, however, that the whole mass is deposited in the usual form and composition of tubercle, and that the ulterior changes result from the absorption of the fluid elements, while the earthy substance, being incapable of reëntering the vessels, remains in the cavity."

Thus it is seen that the phosphates, especially the phosphate of lime, perform no insignificant part in the process of tuberculization, and development of phthisis. Now, in regard to the origin of tuberculosis, let us draw a parallel, by which may be seen the most striking analogy.

Sugar normally exists in the blood, nowhere else than in the venous circulation, between the liver and lungs. In the lungs it is destroyed by the catalytic action of the air; being converted first into water, second into lactic acid, third into a carbonic acid, then and there being voided by the respiratory process. (*Williams Principles of Medicine, p.* 163).

Now, if from some defect in elaboration, (as often occurs in persons possessing the rheumatic diathesis,) the third change by which the lactic acid should be converted into carbonic acid does not take place, blood poisoning would soon be manifested by symptoms of acute articular rheumatism. So may it not also seem probable* that the phosphates to a certain extent normally undergo some catalytic or other change, either preparatory to performing, or after having performed their function in the economy, and that in the presence of the tuberculous diathesis, by this physiological process being interfered with, either by preëxisting debilitating causes, or otherwise, a state of cachexia or blood poisoning is produced, which, failing to be eliminated from the system, increases in quantity until finally its existence becomes manifested by the familiar phenomena which accompany the development of tuberculosis. Concerning the deposit of tubercles, the theory accepted by Lawson, Watson and others was, that it took place by the exudation (perhaps spontaneously in most cases) of a certain specific humor (by us supposed to be to a great extent of a calcareous nature) and Prof. J. H. Bennett says that "calcareous deposits which do not assume the form of a bony growth are usually the result of an exudation."

According to the accepted theory on tuberculosis proper, two separate and distinct forms of tubercle were recognized, viz: the gray and the yellow.

In regard to the ultimate tendency or result of the two varieties, Dr. Lawson says: "While the

*When the sabulous deposit, (that is, the phosphates in the urine) "depends upon certain disordered states of digestion, this agent may prove beneficial by restoring the tone of the stomach."

yellow variety naturally tends to softening and elimination, the gray as constantly undergoes a retrogressive action, and never softens except as a result of its possible transformation into the former species."*

How could the gray become transformed into the yellow variety? By acting as a foreign body it would cause inflamation, and the *consequent exudation* would be in the immediate vicinity of, and around the mechanical irritant, and as the more fluid constituents of the exudation would be becoming absorbed by the surrounding lung tissue, its more plastic or solid elements would accumulate around and adhere to the gray tubercle previously deposited, thus transforming the gray into the yellow variety. And we can thus easily understand why yellow tubercle contains a preponderance of albuminous or albuminoid material over either the gray or cretaceous varieties. And the degraded condition of the blood plasma presently to be alluded to, which would furnish the exudation with corpuscular, rather than coagulable lymph, explains in my opinion the source of the caseous matter of crude tubercles, which Niemeyer seems to attribute to a different process. Then, my opinion is, that after the tubercular exudation, or the exudation of the *sui generis* specific poison, gray tubercle is the initial lesion of tuberculosis, just as chancre is the initial lesion of syphilis.

Thus far I have explained the probable *modus operandi* of tuberculization; that is, the production of a specific poison, which became deposited in the form of a semi-fluid exudation, its development into gray tubercle, which afterward became transformed into yellow tubercle, and this, (if not destroyed by suppuration and softening), as a curative agency, into cretaceous tubercle. I will here waive any remarks on the SOFTENING OF TUBERCLES, but merely state that I consider it as being purely suppurative, and an effort of nature to rid herself of the abnormal deposit, just as thorns and other foreign bodies are removed from the flesh by festering. In this latter view I am supported by Sir Thomas Watson.

Having considered the four stages of the development of tubercle, I will now speak of two frequent, indeed almost constant, concomitants of this disease. I now have reference to the pathological or aplastic condition of the blood plasma, and to fatty degeneratio n of the liver; which, as will hereafter be seen, have a special relation to my method of therapeutics. "Fibrine, identical with the buffy coat of the blood, is the material of which new membranes and cicatrices are formed; it is the *coagulable lymph*, indeed, which is the plasma or basis of the constructive and reparative process. In its capacity for these processes, fibrine exhibits some modifications of condition, constituting degrees of plasticity. Thus, in a healthy state (eplastic), it forms a fine congeries of minute fibrils, which, having a high capacity for life, may become organized in a high degree, as in the case of false membranes, resulting from acute inflammation in a healthy subject. But in many instances this high capacity is degraded, and the nutritive material is *cacoplastic*, with fewer and less perfect fibers, and with more corpuscles, giving the exudation more opacity, and is susceptible of only a low degree of organization, as in the indurations resulting from low or chronic inflammation, in cirrhosis, gray tubercle, etc.; or it is *aplastic*, not organizable at all, abounding in degenerating corpuscles with few or no fibers, as in pus, curdy matter, yellow tubercle, etc." "In case of deficiency of fibrine from the presence of a febriferous or putrescent poison in the system, it is not to be expected that azotized food, rest, or any other means, can remove the deficiency, so long as the poison remains in active operation. This poison, by its septic or other analogous influence, interferes with the vital process by which the fibrine is formed. But no sooner does the influence of the poison subside, as evinced by an improvement in the symptoms, than the quantity of the fibrine increases; and this faster than could be explained by any increase of nourishment taken."

Fatty liver, also, is almost peculiar to phthisis. In three years, Louis met with it forty-nine times, and forty-seven of the patients died phthisical. It occurred in one-third of the victims of consumption; whereas, among 223 cases not phthisical, there were only two examples of this hepatic change. I will now say a few words in regard to my method of

Treatment.

Seeing that cod-liver oil, whisky, and other fashionable (and in many cases objectionable) medicinal agents are far from being even reliable in the treatment of this disease, a sense of obligation to the honor and integrity of our humane profession, and to the welfare of the suffering and dying victims of tuberculosis behooved me to the study and cultivation of this disease as a specialty, in quest of something curative, in addition to our elaborate category of palliative medicines. And I now take great pleasure in candidly stating, that I feel confident of suggesting a great improvement upon even the most recent therapeutics, by modestly recommending to the profession, *nitric and muriatic acids* in the treatment of *pulmonary phthisis*. In regard to the medical properties of these agents, parties are referred to works on therapeutics. For the present, I will recapitulate briefly some of the opinions of a few of the most eminent authorities. Nitric acid is tonic and antiseptic, having been successfully

*"Lænnec accepted this conversion, which Rokitansky for a long time denied, but now considers frequent." "Hérard declares it to be universal."

used in the treatment of typhus and malarial fevers. "Dr. Arnoldi, of Montreal, proposed it as an almost specific remedy for *whooping cough;* and his recommendations have been sustained by Drs. Gibb, Witsell, Atcherly, Menelly, Noble, and others. Under its use the violence of the paroxysms is said to be greatly mitigated, and the duration of the disease abridged by more than one-half." "In *chronic bronchitis* with exhaustion of the system, and a frequent hariassng and paroxysmal cough, Dr. Glover derived material advantage from the employment of this agent."

"Five or six drops of nitric acid in a glass of sweetened water taken twice a day has been highly recommended for the removal of *hoarseness* in singers."

It has been highly eulogized for its efficacy in syphilis and chronic affections of the liver; on the hypothesis that its action was somewhat like that of mercury. And in the treatment of fatty degeneration of the liver, which I previously mentioned as being a frequent concomitant of phthisis, Dr. C. J. B. WILLIAMS, of London, recommends "nitric and muriatic acids, upon the hypothesis of their being of an opposite nature to fat, thus affording abundance of oxygen, which may remove a part of the superfluous fat, at the same time supplying azote, which may contribute to the formation of a more highly animalized plasma."

Chapman and Rayer speak in the most eulogistic manner of the internal use of nitric acid in the treatment of *impetigo*, and scrofulous sores presenting a cancerous aspect, after all other forms of treatment had signally failed. Supposing its virtues to depend upon its furnishing azote in a concentrated form, at the same time being an alterant, thus promoting the formation of the nutritive fluids.

And in the treatment of the degraded condition of the fibrine, which I before quoted from Dr. Williams, both when it depends upon ordinary causes, or "when it depends upon the presence of a febriferous or putrescent poison in the system," this eminent clinician recommends these two agents, in the first instance, on this hypothesis—"which, from their power in stopping passive hemorrhage, in augmenting the muscular substance and strength, and in causing the healing of phagedenic and flabby ulcers, seem to have some more direct means of promoting the formation of the plasma of the blood, than by their mere operation on the digestive organs." And in the second instance he says: "Their beneficial operation is probably connected with their antiseptic as well as with their stimulating power." "As nitric acid dissolves both uric acid and the phosphates, it was supposed to be applicable in those cases of gravel in which the uric acid and phosphates are mixed," and in support of its anti-phosphatic* virtues I could, if space permitted, make elaborate quotations from such eminent authorities as Golding Bird, Brodie, and others.

In regard to the medical properties of muriatic acid, I would say that they are somewhat similar to those of nitric acid; it being tonic, antiseptic, antiphosphatic, cholagogue, etc. I use this agent merely as an adjuvant to nitric acid, on account of those properties just mentioned; adhering more tenaciously to nitric acid as being of greater utility on account of its highly reputed efficacy in "whooping cough," "chronic bronchitis," and "the hoarseness of singers," showing that it exerts a peculiar soothing influence on the irritable state of the lungs, probably in the same way that chlorate of potash thus acts on irritable conditions of the larynx, or through some other peculiar agency. Suffic it to say that such properties are undeniable in the presence of so much eminent authority. Again: the most approved diet for consumptives in modern practice has been beef-steak, mutton chops, veal cutlets, and other articles of the nitrogenous variety. "Nitrogenized foods," says Thomas, "are substances containing nitrogen, and supposed to be the only substances capable of being converted into blood, and of forming organic tissues." (Thomas' Medical Dictionary, p. 359.) This being the case, it will readily be seen that inasmuch as "nitric acid is the source whence all the other compounds of nitrogen are obtained" (Silliman's Principles of Chemistry), the introduction of it into the stomach during primary digestion will render the food more highly nitrogenous by reacting upon the contents of the stomach forming nitrates. Bearing somewhat on this point, I here quote a paragraph from a very excellent paper on "The Digestive Assimilation of Medicines," by Dr. W. J. Elstun, of Indianapolis: "Medicinal substances are assimilated by the same selective or physiological affinity, through which each organ selects from the blood the particular food material required for its own support, nourishment or vitality."

From the foregoing statements it will be seen that both these agents, more especially the nitric acid, however, are appropriate remedies for the treatment of all stages of the disease; their combined properties being appropriate in all, but more especially in the first and second stages, when the tubercular matter is being formed and deposited. And, in the third stage, when excavation is taking place, it does not seem improbable that their antiseptic properties should, to a certain extent, antagonize the breaking down of tissue that accompanies and

*Prof. Bartholow while, agreeing with Prof. J. H. Bennett and other pathologists that the derangement of digestion incident to phthisical cases consists in part of excessive acidity, says that this condition prevents the oxydation of the phosphates, which "change" he considers necessary to prepare them for assimilation; and that in such cases the mineral acids are always indicated, owing to their tonic and oxygenating properties.

constitutes a part of the process of suppuration and softening of tubercles, in the same way that those properties of *carbolic* acid thus act when locally applied.

Now, a few words in regard to the employment of these remedies: Nitric acid I administer in doses of gtt. xl. of the officinal dilute *in pure water* f℥ij. immediately after each meal, for the purpose of aiding digestion, and for other reasons already given. The quantity of muriatic acid which I administer is contained in gtt. xxx vel. gtt. xl. of *tr. ferri chloridi;* giving this agent for the two fold purpose of both the acid and iron, having it taken, sufficiently diluted, half an hour before each meal, thereby getting its stimulating or appetizing influence.

Finally, while I claim for these two agents a great degree of superiority over even the most recent *recognized* therapeutics (considering alcoholic stimulants as being worse than useless, except in cases of extreme exhaustion). I would also state that it is not my intention thus to supercede cod liver oil, suitable food, good hygienic, and other valuable and important measures, but that the medicines by me suggested are intended only as adjuvants to other appropriate measures at the discretion of the practitioner.

Neither do I propose, by this method of treatment, to cure "tuberculous diathesis," any more than colchicum and the alkalies will cure "the rheumatic diathesis."

I have thus thrown together a few thoughts upon this interesting and important subject, and if pulmonary consumption henceforth ceases to be the opprobrium of our profession, or, if inquiry is hereby excited, my object will have been fully attained.

P. S. Hereto appended is (for sake of brevity) a tabulated report of cases which seem to support the views here given. (*See Table, page* 118.)

As stated in the preliminary remarks, the cases were treated with nitric and muriatic acids, aided by various auxilliaries as counter-irritants, narcotics, expectorants, cod liver oil, where it was tolerated, etc., using very little alcohol, however.

I may briefly mention, by way of comment, upon case 1, that Thomson's line on the gums was noticed to have entirely disappeared on the 16th of June. Patient had no cough to indicate the presence of inflammatory action, therefore my diagnosis was tubeculosis of the gray variety; and the total disappearance of percussion dullnesss and abnormal respiratory sounds was, in my estimation, proof positive of the anti-phosphatic virtues of the treatment. This patient, like all others, was very much emaciated.

Case 2 was emaciated to the most profound degree. Gained 10 or 15 pounds more than his original weight by the 1st of November, from which time he pursued his occupation during the day, and attended night school throughout the winter. I have not seen him for some weeks, but a casual examination then indicated some evidences of pulmonary lesion.

Case 3 had been in bad health during three years preceding, at which time she had a miscarriage, with loss of a great amount of blood. On the 17th of October I received a letter from her, stating that her health was then good as ever.

Case 4 being a scrofulous subject took *syr. ferri iodidi* instead of *tr. ferri chloridi.* At time of dismission, although his general good health was good there was still some evidence of lesion in the right lung.

Case 5 had been able to pursue her occupation *without fatigue*, six weeks prior to dismission, while the catamenia had for three months been perfectly natural.

Case 6 was a perfect success, except a slight flattening of the thoracic wall under the right clavicle.

Cases 7 and 8, like all the others, except case 1, had the peculiar cough and sputa characteristic of the respective stages of the disease.

Case 9 improved rapidly under my treatment, but in two months, owing to her removal to a distant part of the country, passed from my further observation.

Case 10, owing to intra-thoracic tenderness, could have no physical examination made. She improved favorably twelve days, when her death was in part caused by a fresh exposure.

Case 11, notwithstanding her miserable sanitary surroundings, is the most satisfactory case of any kind that I have ever treated. She had occasionally expectorated cretaceous tubercles, which occasioned great inconvenience, suffocation, etc., prior to my attendance, but now, when they are expectorated, it is done with perfect facility. This, I think, is perhaps in part due to the antiphosphatic virtues of the treatment, and for further comment on this point, see paragraph on *modus operandi* at close of these remarks.

Case 12 was so low that I was unable to make any satisfactory physical examination. He had been unable to eat or sleep satisfactorily for three months prior to my attendance, and neither appetite nor rest could be obtained, the latter not even by narcotics, of which all were tried in maximum doses, but without avail; he gradually sunk, and died on the 20th of February. In neither of the two fatal cases was I able to obtain an autopsy.

Case 13 is a man broken down by debauchery, and has obstinate dyspepsia.

Case 14 is a man broken down by debauchery, as evinced by his previous history and present condition; but nevertheless the treatment of his case has been throughout of the most satisfactory char-

DATE.	CASE.	AGE.	SEX.	TEMPERAMENT.	MARRIED OR SINGLE.	OCCUPATION.	NATIVITY.	PHYSICAL CONDITION.	LENGTH OF TREATMENT.	RESULT.
1869. May 18	1st.	33	Male.	Bilious.	Married.	Clerk.	German.	Dullness on percussion; rude inspiration; prolonged expiration; bronchial breathing and broncophony over the upper ⅓ of superior lobe of left lung.	3 months.	Recovery.
"	2nd.	16	"	Nervo-sanguine	Single.	Wire-weaver.	"	Cracked pot resonance, with cavernous respiration and pectoriloquy over the entire sup. ¼ of right lung. Also dullness on percussion, rude inspiration and prolonged and jerking expiration with occasional moist crackling at apex of left lung.	13 "	"
June 3rd.	3rd.	26	Female	Bilious.	Widow.	Teacher.	U. S.	Slight dullness on percussion, rude and tremulous inspiration, and dry crackling on forced inspiration, with prolonged expiration at apex of left lung. No change except slight exaggeration of the breathing sounds on right side.	3 "	"
" 15th.	4th.	17	Male.	Phlegmatic.	Single.	Apprentice at tailoring.	German.	Broncophony and mucus rale approaching cavernous, with dullness on percussion over the sup. ⅓ of upper lobe of right lung. Also friction rales and slight rudeness and prolongation of the respiratory murmur, with slight dullness under left clavicle.	8 "	"
" 26th.	5th.	22	Female	"	"	Saleswoman.	U. S.	Decided dullness on percussion, with dry crackling and rude inspiration, while the respiratory effort was much prolonged over the upper part of left chest. Also, sonorous and sibilant rales over both lungs.	6 "	"
July 4th.	6th.	22	Male.	Nervo-sanguine	"	Clerk.	England.	There was great dullness with local depression, rude inspiration and prolonged expiration at apex of right lung. The same but less marked on left side.	6¼ "	"
" 20th.	7th.	27	Female	Nervous.	Married.	House-work.	German.	Dullness over the upper ¼ of left lung, with rude inspiration, prolonged expiration, bronchial breathing and broncophony. Slight dullness, with rudeness and prolongation of the respiratory sounds at apex on right side.	6 "	"
Aug. 3rd.	8th.	23	"	Nervo-sanguine	Single.	Prostitute.	U. S.	Considerable depression and dullness with humid or moist crackling, bronchial breathing and broncophony under right clavicle. Also, some evidence of deposit at other apex.	7½ "	"
Sept. 18th.	9th.	18	"	Bilious.	"	Nurse.	Colored.	Amphoric resonance, with cavernous respiration and pectoriloquy in the upper lobe of right lung. Also, dullness over the entire left lung, with mucus rale and ægophony over its superior lobe.	2 "	Favorable.
Oct. 18th.	10th.	12	"	Nervous.	"	House-work.	U. S.	* * * * * * * * * * * *	13 days.	Died.
Nov. 29th.	11th.	32	"	Bilious.	Married.	" "	" "	Infiltrated tubercle diffused throughout the entire upper lobe of left lung. Cavernous respiration and pectoriloquy at apex of right lung.	7 months.	Recovering.
Jan. 8th, 1870.	12th.	28	Male.	Nervous.	"	Laborer.	German.	* * * * * * * * * * * *	6 weeks.	Died.
" 15th.	13th.	45	"	Bilious.	"	"	"	Considerable tubercular deposit at apex of both lungs.	5 months.	Stationary.
Feb. 16th.	14th.	44	"	"	"	Tinner.	U. S.	Considerable flattening of thoracic wall with dullness and other signs of tubercular deposit at the apex of right lung. Same, but less marked on left side.	4 "	Recovering.

acter. In seven weeks from beginning the treatment he went to work, and during the first week that he was working he gained two and a half pounds, notwithstanding his having previously been given up by a leading Homœopathic physician, and subsequently by an eminent medical professor.

As a medical gentleman in the Academy expressed his skepticism concerning the possibility of the lungs, when once involved, to becoming freed from tubercular deposit, it may be well to say a few words respecting the *modus operandi* of this treatment as regards the removal of tubercular deposit. Dr. Lawson, in regard to this matter, makes the two following propositions: "*To promote the elimination of the tuberculous matter.*" "*To promote the absorption of tubercles.*" (Lawson's Treatise, pp. 448 and 456). And for this purpose he recommends various alterants, as iodine, bromine, alkalies, mercurials, sarsaparilla, etc. And for the removal of inflammatory products (for it will be remembered that according to either Niemeyers' or my own theory, the caseous matter of crude tubercles is the result of inflammation), Dr. Williams recommends these agents, and goes on to state that he "can affirm from much experience in its use, that nitric acid is the best medicine" he knows of for this purpose, supposing it to thus act "by further oxygenating them." (Williams' Principles of Medicine, p. 346). The oxydation of the phosphates has already been considered. (See note at bottom of pages 4 and 9).

Editorial Department.

Periscope.

Absence of Lung.

Dr. W. Dickey reports the following extraordinary case in the *Cincinnati Lancet and Observer*:

Miss L. M. B., æt. sixteen years, of pale complexion and frail constitution; was of consumptive parentage on her father's side; health only moderate from childhood. Eighteen months since her general health began to decline, with an increase of cough, with which she was always afflicted.

She never mentsruated, but monthly phenomena, such as pain in the back, with heavings in the hypogastric region, were evidences that the efforts of nature were at work to establish that function.

Her appetite was always pretty good, but the assimilative powers were poor. No diarrhœa since last August. Had night sweats occasionally for the past eighteen months. During the last few months of her life there was green purulent expectoration; but very little difficulty of breathing at any time. In September, 1868, I was requested by Dr. Pritchet, her attending physician, to examine her lungs by auscultation and percussion. Configuration of chest; general appearance contracted; development of right side equal to that of the left.

Examination: Percussion elicited a dull sound over the entire left lung. Right [left ?] side unusually resonant. Auscultation confirmed the physical sign of extensive tubercular deposits. At this time no special indications of tubercular softening. Subsequently, however, softening took place, as purulent expectoration was a constant symptom. Heart—its position unusual. In place of left side, strong cardiac impulses were heard on the right side; so strong tha its impulses indicated a hypertrophy, or, at least, an aneurismal heart.

Autopsy twelve hours after death. Present, Drs. Pritchet, Cleaveland and myself. On opening the thorax we found the left lung studded with tubercles, principally of the gray character; some, however, were yellow, and in process of softening. Lung in left side somewhat larger than usual, but consisting of two lobes, as ordinary. No lung in the right side; not even a rudiment at the bifurcation. Between the largest of pleura [sic!] the space was clean and beautiful. No lung had ever existed. Heart in the mediastinal space, but in the right side, corresponding to a natural situation in the left. Its walls were thickened and cavities somewhat enlarged.

Remarks: It is to be regretted that a thorough examination was not made. Permission was given to make the examination but a short time before the hour appointed for burial. The malformation consists in but one lung. So far as I know there is not a single instance on record of the kind. The situation of the heart is not to be wondered at. As there was no resistance in the right side, the lung in the left would evidently force its way over to the right side.

Iodide of Potassium in Consumption.

Dr. Balthazar Foster is much in favor of iodide of potassium in some cases of phthisis. He only prescribes it in doses of eight to fifteen grains however, when ether is not tolerated with codliver oil.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 6, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly in creasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July* 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

CAN EVERYBODY PRESCRIBE POISONS?

Such is the question which a daily cotemporary puts at the head of an account of a cancer doctress who a week or so since undertook to ply her avocation on an unfortunate man, who very soon died under her hands. But let the evidence as it appears in the report of the coroner's inquest speak for itself:

Margaret Wiley, of No. 393 East Tenth street, deposed that she was in the habit of curing cancers with a plaster; the composition of the plaster she received from her father; the plaster is composed of arsenic, charcoal, and the yolk of an egg; the quantity of arsenic to each application was about a teaspoonful; the witness told deceased when he applied it to be careful and not get it near the mouth; she told him it was poison, and not to drink any liquor.

George Wiley, husband of the last witness, testified that the deceased called at his house, where Mrs. Wiley prepared a plaster for him, which plaster contained arsenic; the witness obtained a quarter of a pound of arsenic in a lump from a drug store in Third avenue; the man from whom the poison was procured put it in a paper and wrote something on it, but as the witness could not read, he is unable to tell the purport of the writing.

Neither of the precious pair can read or write, but that does not in the least prevent them from "practicing medicine" and dispensing poisons. There is nothing like liberty.

Moreover, was not the American Medical Association, at its last meeting, edified by various shining lights, who maintained that it is superfluous and unnecessary for a physician to know Latin? And as the names of these "villainous drugs" are in Latin in the shops and books, there is not much difference, after all, between Margaret Wiley, cancer doctress, and "the doctor of the future," who is to hold all obsolete tongues in sovereign contempt.

No doubt some bolder reformer will hereafter take a step which will leave even that brilliant Western professor behind, who spoke so slightingly of dead languages; for we may next expect to hear that to read or write any language is a superfluous qualification in a physician.

It is even now, in most States, an unnecessary one, and we are glad that the public begins to think seriously about it. To take out a license and hang out a sign are the only re-

quisites for a practitioner in most of the United States. He or she may then dispense poisons, perform abortions, and undertake any case, all under the immunities and privileges of the profession. A glorious state of things, certainly.

SUN STROKE.

The peculiar symptoms that come under the designation of sun stroke, are brought on by exposure to heat, and are, of course, liable to greater prevalence during the extreme heat of summer. But the rays of the sun are in most cases probably simply an exciting cause of the disease, while over-stimulation from the use of alcoholic beverages and narcotics is, probably in most instances, the predisposing cause.

The following remarks on the subject we find in a late number of the Providence *Journal*, and were contributed to that paper undoubtedly by the widely known, very intelligent and efficient health officer of that city:

The terrible disease popularly called *sun stroke*, or *coup de soleil*, is fearfully prevalent at the present time, and has been for a week or two past, in some of our cities. The names are both misnomers, as the disease does not depend upon the direct effects of the sun. It is caused by excessive heat, and in scientific reports on mortality, the cause of death from this disease is reported as "*Heat.*" The disease is often caused by the heat of the furnace room of a steamboat, of an iron foun. dry, or even of a close attic room in a city boarding house, when there are no direct effects of the sun.

The symptoms of the disease are extremely diverse in their character. Sometimes there *seems to be* intense inflammation and fever, with the face suffused with blood and with great heat and delirium; at other times there is complete prostration with no power to move, but with full vigor of the mental powers. Sometimes there is excessive vomiting, and the symptoms seem to indicate metallic poisoning. We remember to have seen one stalwart Scotchman suffering from heat, tortured (perhaps killed) with tarter emetic under the delusion that he had been poisoned in some way.

It is probable that the principal effects are upon the nervous system and not upon the circulatory system. Even those cases where there is the appearance of intense inflammation and fever, the *character* of the pulse and the actual heat of the system (mostly superficial), prove that the effects are upon the nervous system, and that there is no actual inflammation.

The following vivid report of two cases, from the New York *World*, gives a good idea of a class of cases which are always fatal.

"One man who was brought in—a strong, healthy looking German—breathed from the moment he was placed on the bed like the bellows of a blacksmith's forge. The power of the man's lungs was tremendous, his muscles large and well knit, his complexion indicative of good and wholesome living. He looked like the kind of man it would be hard to kill. Yet he never opeued his eyes till the moment before they closed forever. All the doctors could do was of no avail. He was a puzzle to them. If he had shown any symptoms of sinking, like ordinary cases, they could have formed a theory of diagnosis in the matter; but he kept up his high-pressure, locomotive like force to the last, and exploded rather than died out of existence. It was a simple impossibility to determine where his point of vitality was located and in what manner it had been touched by the fatal solar ray."

"A stalwart young Englishman, by way of contrast, went through a series of fits that were agonizing to look upon. He frothed and foamed and struggled and bounded and barked and shrieked until a general doubt was felt as to whether it was not hydrophobia instead of sunstroke from which he was suffering. In his paroxysms it took six able-bodied men to hold him, one of whom—the attending physician—was a Hercules of himself; and after all, it was fouud absolutely necessary to tie him down. He, too, was unconsious, yet nothing administered to him would stay long enough upon his stomach to produce any salutary effect. At 8 o'clock he wns comatose and not expected to live till midnight."

The treatment of the disease we propose to leave to the doctors. We may express a hope, however, that none of them will make the mistake of treating a case for intense inflammation and fever, where there is really none.

With regard to the persons liable to suffer from this disease, we think there is a general misconception in the community. We have said that the disease is caused by excessive heat. This statement is lacking in one particular which is essential, and a more full and accurate statement would be that the disease is caused by excessive heat acting upon persons unaccustomed to its influence. Persons can become accustomed to live, and do live, in furnace rooms, and other places with a very high temperature, much higher than that of any streets in our cities. They live in these places, with no apparent ill effects, or at least none that are immediate. So, too, persons can become accustomed to the intense heat of our cities, and of our clear midsummer sun, and they do endure them with impunity, *if accustomed to them*. This fact will explain the next statement, to which we would call particular attention. It is, that *nearly* all the cases of sun stroke, so called, especially of the fatal cases, are of foreigners who have not been long in this country. They have not spent a summer here, and have not become accustomed to the excessive, dry heat of our climate. Persons born in this country are sometimes prostrated by heat, from which they soon recover, and they are sometimes killed by excessive draughts of ice water, which produces an entirely different disease from heat. But though we have seen and known a considerable number of cases of sun stroke, we have never known but one fatal case in a person of American birth, and that was a man whose constitution was badly injured by intemperance. We do not say there are no cases among Americans; but we think they are much more rare than is generally supposed, and for the reason we have given, that the people are accustomed to the climate.

This leads us to an observation with which we will close. It is, that the habitual use of ardent spirits predisposes a person to suffer from the effects of heat, and also deprives him of his chances of recovery when so suffering. Ardent spirits add fuel

to the flame, and at the same time destroy the power to withstand it.

The suggestion of Dr. SNOW, that it is a mistake—and a fatal one, too, we may say—to treat a case for intense inflammation and fever, when there is none, is a timely one.

Let it not be forgotten that the nervous centres, rather than the circulatory system are involved, and let the remedies used be in most cases, rather of a soothing and tonic than of a depressing character. We believe that in most cases, at the commencement of the treatment, more reliance is to be placed on the local application of *tepid* than of cold water, the usual resort of the bystanders or friends, and too often of the physician too.

Notes and Comments.

Removal of the Articular Extremity of the Lower Jaw with Restoration of Motion.

Mr. CHRISTOHER HEATH, University College Hospital, London, and Dr. J. E. GARRETSON, of this city, both record cases of the removal of the articular extremity of the lower jaw with complete restoration of motion after a few months. In Mr. Heath's case the condyle was removed on the 16th of June, 1869, and in December the movements are reported to be as perfect as though no disease existed.

In Dr. Garretson's case the full left half of the bone was removed in January, 1866. The case was lost sight of about one month after the operation, and seen two years later, when motion was found perfect. Both operations were for necrosis.

Marshall Infirmary, Troy, N. Y.

At an annual meeting of the Governors of the Marshall Infirmary, Troy, held July 25th, officers of the Board were elected for the ensuing year.

Drs. Thorn and Wotkyns presented their resignations as attending physicians of the institution on account of continued ill health, and in accordance with a new regulation of the Board, Dr. Wotkyns was elected consulting physician of the medical board. Dr. Thorn declined this honor, but retained his position as one of the Governors of the Infirmary. Both of these gentlemen have been long connected with the institution, and have discharged their duties with ability. Dr. Thorn had recently presented the Infirmary with a very extensive library. The Board of Governors adopted a series of resolutions expressing their thanks. Drs. Whiton and Ward of Troy, were reëlected as attending physicians. Dr. C. L. Hubbell, of Troy, and Dr. George H. Hubbard of Lansingburg, were chosen to fill the vacancies caused by the resignations of Dr. Thorn and Dr. Wotkyns. They are both gentlemen of long established reputation and of the most extensive practice. The present board of attending physicians consists of Dr. Hubbard of Lansingburg, and Drs. Hubbell, Whiton and Ward of Troy. The following is an extract from the report presented by Mr. Coleman from the Committee of Management:

No of patients admitted during quarter	91
Viz.: Into the sick department	75
" " insane "	19
Whole No. discharged	67
Viz.: From the sick, cured	36
" " " improved	11
" " " unimproved	7
" " " dead	5
" " insane, cured	4
" " " unimproved	2
" " " dead	2
Present No. of patients	160
Viz.: In the sick department	45
" " insane department	115

Correspondence.

DOMESTIC.

Report of a Coroner's Inquest.

EDS. MED. AND SURG. REPORTER:

The following statement of an investigation before a coroner and jury, is presented for publication in your widely circulated journal, believing that it contains points of practical value, and material for deep, if not painful, reflection. On the main thoroughfare of Hoboken, N. J., stands a well-gotten up drug store, attended by its proprietor. At the hour of midnight, on the 30th day of June, 1870, a former clerk and partner entered the store, and after a few words had passed between himself and the proprietor (his old partner), became excited, passed behind the counter, took from the shelf a bottle of tinct. opium, and drank from the bottle an undetermined quantity, exclaiming, "You will never see me again." The proprietor, having full knowledge of what he had taken, immediately ordered his clerk to prepare the following mixture: Tart. antim., gr. viij, pulv. ipecac., gr. xx, aqua, f℥ij, to be given in one dose. In half an hour vomiting ensued. From this time until 5 o'clock A. M. he paced the floor and was conscious; at this hour he fell asleep; slept half an hour, then awoke only to fall quickly into a heavy slumber. At half past six o'clock, A. M., the first summons for a physician was made. He saw the patient and ordered given one-third of a grain of atropia subcutaneously, which seemed to afford temporary relief. The physician then left, stating that engagements demanded his presence elsewhere; that he would return in four or five hours, and should the exigencies of the patient demand it, to summon another physician. In a few minutes the patient was evidently sinking so fast that the proprietor sent for physician No. 2. He ordered vinegar and iced water to be given per anum; also cloths applied to the extremities, satura-

ted with boiling water. This last prescription produced no apparent benefit. Physician No. 1 called again, and ordered to be given, subcutaneously, two-thirds of a grain of atropia.

The patient quickly died at eleven o'clock, which event rendered further attempts at restoration useless. Thus ended the first act of this mysterious and interesting case. We will now enter upon the stage of investigation, conducted by a coroner and twelve jurors, each sworn upon his oath to make diligent inquiry as to the manner and cause of death. The number of witnesses who testified were three. The first was the brother of deceased, who had not seen deceased alive since last February, and knew nothing of the facts. The second witness was the proprietor and former partner, from whom the *few* facts *given* were elicited. The third witness was the doctor who made the post-mortem examination of the body, and had never seen the deceased during life. He stated that the post-mortem symptoms were those which usually attend upon death from poisoning with opium. The stomach contained about eight ounces of dark,thick fluid, which emitted a strong odor of mustard and opium. The coroner asked the doctor what plan of treatment he would recommend in similar cases. The doctor replied: "In all cases of suspected or positive poisoning by opium I would, if called immediately, endeavor to dislodge the poison by the use of sulphate of zinc or copper, as they are speedy and safe emitics. I would then further attempt to neutralize the deleterious effects of the opium by the judicious use of tinct. belladonna. This drug possess es antidota properties of great power, and its reliability and success are well established. Had the patient have had the timely and judicious use of this remedy, he would probably have recovered." This ended the testimony.

The coroner, in delivering his charge to the jury, said: "I have no doubt but what this is a case of suicide, yet it is proper for you to consider whether those having the deceased in charge before death were not guilty of neglect in not calling medical aid in time."

The foreman then said, "Gentlemen, I do not see any necessity for retiring for consultation, I think it is a case of suicide, and blame should not rest upon any one." To which opinion two or three said, "Yes," the others consented if silence may be so construed. So ended this *diligent* inquiry, as to the manner and means of the death of a man taken at *midnight*. I will now end this case by asking the readers of the REPORTER the following questions:

1*st*. Was the proprietor of this store, who is not a physician, justified in attempting to treat a patient so desperately situated for six hours, *alone*, when he could have, in fifteen minutes, called in the aid of one or more experienced physicians?

2*d*. Was the treatment which he adopted (if he did adopt it,) the best for a druggist to use or recommend in the absence of a physician?

3*d*. What were the symptoms which indicated ice-water and vinegar per rectum, and boiling water upon the extremities, and what were the reasonable expectations of success in such a plan of treatment?

4*th*. Why were not the proprietor's clerk who prepared the remedies, and the two physicians who treated him, called before the jury to testify? Of the many who must have seen the deceased in his last hours of peril, not one witness appears except the proprietor of this store, who was treating his recent partner during his hours of consciousness.

5*th*. What were the words spoken at midnight between the two, that should have caused him to seek death? *Before the jury* not a tongue disclosed it.

6*th*. Did the jury decently observe the sacredness of their oaths in the manner in which they investigated this case?

L. W. ELDER, M. D.

Hoboken, N. J., July 6, 1870.

Elongated Uvula.

EDS. MED. AND SURG. REPORTER:

I send you the following case: Patient æt. 40 years; an auctioneer. Consulted me on account of what he called "consumption." I asked him how he knew it was consumption. His answer was, "That's what the *doctors* tell me." I inquired into the symptoms as minutely and thoroughly as my knowledge would permit, but found nothing that indicated consumption but a dreadful cough, though not by any means a consumptive cough. Auscultation revealed some bronchial irritation, percussion, clear both anteriorly and posteriorly. An examination of the mouth and larynx revealed what I believed to be the sole cause, viz: elongated and hypertrophied uvula. I told my patient that I thought his "consumption" was curable, and informed him of the exciting cause and medical treatment for the same. With the aid of an assistant I removed the redundant part of the uvula; ordered a mild astringent gargle, to be used several days, at the same time requesting him to report in a week. To his surprise and great joy the bronchial irritation subsided in a few days; the cough ceased; the general health improved, and in reality his "consumption" was cured.

I report this case not for the magnitude of the operation, or rarity of the disease, but to show how important it is, in every case that comes under our notice, to make a thorough examination—take nothing for granted, believe nothing your patients tell you unless you prove it.

This gentleman had suffered for years, had spent much money, first and last, had taken bottle after bottle of medicine, besides living a miserable life, thinking, sooner or later, he must fill a consumptive's grave; all for a want of a thorough investigation and knowledge of the true exciting cause.

Smyrna, Del. S. L. WEST, M. D.

News and Miscellany.

The Arsenic Eaters of Styria.

Men of science who traversed Styria have long reported the fact that there were people in Styria who consumed arsenic. However, this statement was denied by others, who affirmed that the white mineral they ate was nothing but chalk.

Prompted by the importance of this subject, the royal medical counsel, Dr. Von Vest, occasioned the issue of a circular to the physicians of Styria, requesting them to communicate their experiences with regard thereto. Seventeen reports were obtained, from which the following is an extract:

The principal seat of the arsenic eaters—according to these—is in the northern and northwestern part; the southern part, however, is free from them. The district of Hartberg, in the former, counts not less than forty individuals who indulge in that habit. From the various sorts of arsenic, the white arsenic, or ratsbane, is mostly taken; less so the commercial yellow, and still less the natural red arsenic, or orpiment. The arsenic eaters begin with a dose the size of a millet, and increase this quantity gradually to the dose of the size of a pea, the weight of these quantities being 0.22, 0.56, and 0.62 grains avoirdupois, respectively.

These doses are either taken daily, or every other day, or only once or twice a week. In the district of Hartberg the custom prevails to suspend this unwise usage at the time of the new moon, to commence at the time when she is on her increase with the relative smallest dose, and to increase with it to the time of the full moon. From this period the quantity is diminished, but aloes are taken in increased doses till strong diarrhœa is produced. Directly after the administering of arsenic, most people abstain from drinking, and with regard to aliment, some prefer pastry to meat, while others abstain from the taking of fat. However, the majority will take all kinds of food, indulging also considerably in the use of alcoholic beverages. Older persons who have been accustomed to that habit from their boyhood feel a sensation of warmth in their stomach shortly after taking the poison, complaining only of dizziness in the head after excessive use.

The ratsbane eaters belong mostly to the lower classes—wood cleavers, stable grooms, charcoal burners, and wood warts. They fall into that habit at the early age of fifteen, and continue it until the ages of seventy and seventy-six. Although the female sex is not averse to it, the majority belong to the male sex. They are generally strong and healthy persons, courageous, pugnacious, and of strong sexual dispositions. The reason of this habit is very probably attributable to the fact of its apparent favorable action upon horses. If requested to explain the reason of their indulging in it, they will say that it is to make them strong and healthy.

Obituary.

DR. A. B. DAYTON.

At his residence in Matawan, July 19th, after a short illness, Dr. A. B. Dayton, aged 57 years.

It is with sincere regret that we record the death of Dr. A. B. Dayton, of Matawan, N. J. He held a prominent position among the profession of New Jersey, and was a man of great personal and professional worth. From an obituary notice of him, by Dr. F. K. Travers, his partner in practice, published in a Matawan paper, we extract the following:

Dr. Dayton was a brother of the late lamented Wm. L. Dayton, and of Jas. B Dayton, Esq., of Camden. He was born at Baskingridge, Somerset co., N. J., on December 25, 1812. He entered Princeton College at an early age, with the expectation of graduating at that time-honored institution; but whilst in the Sophomore class his health failed him, and he was compelled to relinquish this cherished object. He was, however, a fine scholar, and very proficient in the ancient languages.

Soon after leaving the College of New Jersey he commenced the study of Medicine, and graduated at the College of Physicians and Surgeons, New York city, in the Spring of 1835. After practicing at Chester, Morris co., N. J. a few months, he removed to Matawan—then known as Middletown Point—in July, 1835, where he has since devoted his entire life to the active practice of his profession.

Few men in the medical profession have done more real hard work than did Dr. Dayton. During a residence of 35 years in this community he was hardly ever absent from his post of duty, but labored with untiring zeal in the cause of suffering humanity. Day and night, in fair weather and in foul, he was ever ready to do his duty. To "relieve the distressed" seemed the chiefest object of his life. Even when declining health compelled him to take a partner to assist him in the duty of his extensive practice, he could not be persuaded to rest, but would remark that he never felt so well as when in his wagon visiting his patients. He visited patients as late as Sunday evening the 17th, and attended church twice on that day. His death has cast a gloom over our whole community and sorrow is depicted on every countenance.

MARRIED.

Henry—Hastings. July 26, by the Rev. J. Livingston Reese, of St. Paul's Church, Albany, Dr. Morris H. Henry, and Elizabeth Root, daughter of Hugh J. Hastings, both of New York.

McCleery—McCormick. July 2nd, by the Rev S. P. Heron, assisted by the Rev S. L. Finney, of Princeton, N. J., J. P. McCleery, M. D., and Miss Margaret McCormick, both of Milton, Pa.

McConkey—Pringle. By Rev. Samuel Willson (grandfather to the bride), assisted by the Rev. W. V. Milligan—June 23, at the house of Dr. G. W. Pringle, New Concord, O., Rev. W. J. McConkey, and Miss Hettie H. Pringle, both of Muskingum co., O.

Reynolds—Smith. At the M. E. Parsonage, in Hampton, N. H., July 13, by Rev. G. W. Ruland, Thos. O. Reynolds, M. D., of Kingston, N. H., and Miss M. Fannie Smith, of Raymond, N. H.

Seward—Kimber. At the residence of the bride's mother, in this city, June 14th, 1870, by the Rev. S. S. Seward, of North Bridgewater, Mass., Dr. John L. Seward, of South Orange, N. J., and Miss Lidie A. Kimber.

DIED.

Halsted.—In New York, July 26th, Thaddeus M. Halsted, M. D., in the 55th year of his age.

Manter.—In Wellfleet, Mass., July 7, 1870, Dr. Geo W. Manter, in the 47th year of his age.

Scott.—In New York, July 26th, Ann Jane, wife of Dr. Wm. H. Scott, in the 78th year of her age.

Shoemaker.—In this city, July 27th, Maria, wife of Dr. Charles Shoemaker, in the 68th year of her age.

Sweet.—In New Bedford, Mass., July 25th, Dr. Wm Sweet, son of the late Dr. Jonathan P. Sweet, aged 22 years.

Wallace.—In Pittsburg, July 25th, John Howard, youngest son of Dr. M. W. and Eliza L. Wallace, aged 3 years, 1 month and 20 days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 702.] PHILADELPHIA, AUGUST 13, 1870. [Vol. XXIII.—No 7.

Original Department.

Communications.

GUNSHOT INJURY OF THE INTEGUMENT OF THE KNEE—ERYSIPELAS AND AMPUTATION.

By Wm. P. Rodefer, M. D.

Of New Market, Tenn.

Late Surgeon, A. M. D., U. S. A., in charge of A. M. Hospital, Knoxville, Tenn.

On the morning of the 23d day of April, 1865, W. G. E., a private of Company K, —— regiment of Indiana Volunteer Infantry, was received into hospital, on account of a "sore leg," as the patient expressed it, which had for its origin a pistol-shot injury of the integument immediately over the region of the knee joint.

The patient was represented as being a strongly-built man, about twenty-six years of age, robust, apparently of a previous good constitution and a well-developed muscular organization, but somewhat singular to record, of a highly marked nervo-lymphatic temperament, the lymphatic largely predominant, with light blue eyes, fair complexion, light hair, and a delicately organized skin. There was strong evidence of the existence of a scrofulous diathesis, the marks of old abscesses in the cervical and submaxillary regions being quite prominent, and the hereditary predisposition to tubercular disease being well known to him and his friends.

On examination by the Assistant Surgeon in charge of the hospital ward to which the patient was assigned, the case was reported on the bed-card as one of phlegmonous erysipelas of the right leg, consequent upon a grazing wound in the region of the knee, produced by a buckshot ball, discharged accidentally from a small-sized Smith & Wesson's pistol, in the hands of a fellow-soldier. The patient was in good health at the time of the accident, and suffered no inconvenience from the slight injury which was done to the skin, until the evening of the fourth day, at which time attention was drawn to the part by a burning pain in the region of the wound, which, on examination, was found to be vesicated, red, hot and tender; the redness extending to a considerable distance from the point where the bullet had made its mark. The following day, violent constitutional symptoms set in, and the man was sent at once to the hospital for treatment.

On the afternoon of the 29th of April, six days subsequent to his admission into the hospital, and ten days from the accident, I was requested to see the patient in consultation with two of the medical officers of the house, with a view to amputation of the limb. The case had all along been under the care of an intelligent and faithful officer, who had well-nigh exhausted the lists of materia medica in trying to arrest the abnormal action and sustain the sinking system.

On examining the present condition of the patient, we found the whole of the right leg, from the big toe upward to a point not exceeding two inches above the knee, involved in phlegmonous erysipelas. Across the anterior aspect of the limb and just over the knee, there was seen a dark blue line, evidently made by the ball, but no penetration of the skin, and no mark of injury except what had occurred to the epithelium from the grazing of the skin. The limb, from the lower portion of the foot upward, to the middle third of the thigh, was enormously swollen, hot, burning, and painful, with extensive vesication, and evidences of deep fluctuation at numerous points. The patient suffered se-

verely from exposure of the parts during the examination, and complained that "it set his leg on fire all over!" The surface of the limb was of a deep, livid redness, and presented to the eye of the observer many of the leading appearances of a part which was rapidly approaching a gangrenous condition.

The constitution of the patient was sympathizing to a great degree, the man being fretful and irritable when aroused, but sinking at once into a stupor, with low, muttering delirium. The pulse was rapid, but extremely feeble and difficult to define; the countenance was that of one laboring under serious enteric fever, and the general aspect pointed clearly to a pyæmic condition of the blood.

The decision of the consulting surgeons, after mature deliberation, was unanimous in favor of amputation, as being necessary to preserve life; and, at the request of the medical gentlemen present, I at once proceeded to remove the limb at the upper third of the femur, by means of the antero-posterior flap method, the patient being fully under the influence of chloroform. The operation was performed as rapidly as possible, and the vessels were secured with the loss of but little blood. The flaps were brought together by means of silk sutures, and the stump was dressed with a weak solution of sulphite of soda and alcohol. The patient was put at once on the use of stimulants and iron, with generous diet. Anodynes were given to control pain.

The recovery was prompt and rapid; and in less than four weeks from the time of the operation, the patient was able to walk about, with the aid of his crutches, over the hospital grounds. Within the subsequent three weeks, the wound healed throughout its entire extent, and the stump presented an appearance of which the most accomplished operator might reasonably feel proud.

On examination of the excised limb, the whole of the muscular organization was found to be involved in serious destructive inflammation. Numerous abscesses were discovered at almost every stroke of the knife; and it did, indeed, seem, as was facetiously remarked by one of the hospital stewards, who was present at the amputation, that "all we needed to have a *well* of pus was *to put a wall around it.*" The tissues were much softened, so that the index-finger could be readily introduced into their substance. The periosteum was extensively involved in the diseased action, being of a dirty, yellowish color, slipping under the finger like the skin of a spoiled catfish, and entirely separate from the bone, the surface of which latter was rough, resembling somewhat in appearance and feel the coarser side of a blacksmith's rasp.

The propriety of amputation was freely and fairly discussed in the consultation of surgeons, and the result, which was arrived at only after mature deliberation, fully sustained the wisdom of the decision. There is not the shadow of a doubt in the mind of any one who saw the condition of the patient on the day of the operation that amputation was the means of saving life; and, we may well ask, who could doubt it?

The after treatment was as simple as it was efficient. The use of the solution of sulphite of soda,* in all cases where we are called on to operate in erysipelatous patients, as a dressing, I regard as of the greatest importance. Considerable experience in the use of this remedy as a local application has led me to conceive that the addition of a small quantity of alcohol increases its efficiency.

* ℞. Sodæ sulphit., ℥ij.
Alcohol. pur., ɪ℥xij.
Aquæ, cong.j. M.
S.—Saturate a piece of well-worn linen, and wrap the stump in it.

ENCEPHALOPATHY.

By C. W. Frisbie, M. D.,
Of East Springfield, N. Y.

Was called June 16, 1870, to see Robert Van Horne, æt. 27; married; a painter by trade. Four months previously he had *colica pictonum*, which terminated in enteritis, with a good deal of cerebral disturbance. Was confined to his room at that time for three weeks. Since then he has followed the occupation of a paperhanger, and has painted some, perhaps to the amount of one week's work.

June 14th he walked a distance of 17 miles, which quite overcame him. When called on the 16th, found patient complaining of pain in the stomach over kidneys and some in the bowels; cramping in the calves of the legs, and a peculiar heat or soreness in the soles of the feet, feeling, as he said, as if they had been pounded, which I attributed to the walk. Had taken a dose of castor oil in the morning, which acted freely by noon; had vomited once.

June 17th.—Feels quite well, with the exception of the soreness and burning sensation of the soles. I found, on examination, a good deal of tenderness in the joints of the toes on movement. Told him at the time I thought it was rheumatic, and would pass off in a short time if he kept quiet. There was no blue line on gums or dropping of the wrists, which he said had been well marked in his former sickness. At noon went down stairs to dinner; ate quite heartily of food, which the stomach rejected.

He then took to his bed, his friends noticing that something was wrong, and he himself observing that he was "dreadful nervous."

I was again called in at 3 P. M., the messenger stating that the patient was blind. I soon discovered that there had been a wild fit of some kind.

He was very anxious, and did not want me to leave him alone. I then learned that the rheumatic pains of the limbs, soreness of the soles, etc., had entirely disappeared. The pain and cramping in the stomach and bowels, however, was more severe than the day before. I did not observe any constriction of the muscles of the abdomen, nor that it was any flatter than normal.

The heart was pounding violently, and in a few minutes there occurred a well-marked epileptic convulsion, which recurred at intervals of an hour, until he had had four. From this time (7 or 8 o'clock in the evening) he passed into a state of active delirium, pulse 100 and upwards, heart thumping powerfully. After failing by other means, I succeeded in producing sleep and quiet with three successive doses of chloral of 20 grains each. The urine I had previously found to be loaded with lithates, and strongly acid.

Saturday, 18th, was some better, although with slight delirium; rested quite comfortably through the night; and Sunday, 19th, was rational and apparently improving. Sat up in bed to be shaved, and had quite an amount of company, contrary to directions.

In the evening was much exhausted. Passed a restless night, and Monday, June 20th, was again in active delirium, which continued through the day and following night.

Tuesday morning the patient was evidently sinking from exhausted nerve force. He, however, rallied on a liberal use of stimulants and quinine, and in the evening was better again, being rational for a few minutes at a time. Through the night was very uneasy and slept a little. Wednesday, not as well as the previous evening.

In consultation with Dr. Van Horne (who was also in consultation on Tuesday), considering that there might be a rheumatic poison at work in the system, we put the patient on full doses of sodæ sulphis and continued the stimulants. The bowels had been somewhat tympanitic, which was relieved by turpentine stupes. The heart and pulse we found it impossible to control with aconite, gelsemin or veratrum, the last of which I had pushed until it produced nausea and vomiting.

Thursday morning we found the patient with better symptoms, which gave us much hope, also the opinion that our previous suppositions in regard to a rheumatic diathesis had been correct.

About 3 P. M. the bowels began to bloat again, with tenderness on pressure; delirium still continuing. At 12 o'clock, midnight, Dr. Merritt, of Cherry Valley, was called in consultation, and we agreed to put the patient on the following treatment:

℞. Mass hydrarg., gr. xij.
Ipecac., gr. xij.
Bicarb. soda, ʒj. M.
S.—Comminute, divide into twelve powders, and give one every four hours.

Chloral q. s. to produce quiet and sleep; an enema to be given in the morning; to have iced milk *ad lib.* All other treatment to be omitted; is to have food when he calls for it.

Friday, June 24th, the enema was given and acted well, producing three good evacuations, after which the patient seemed as rational as ever, and called for food. Slept well through the night on one 20 grain dose of chloral. Saturday, very much improved, but mind beginning to wander a little by night; has taken food regularly through the day (Saturday) in small quantities; pulse about ninety-five; force of heart much modulated.

Sunday, 26th, I discovered, for the first time, a blue ridge about several of the teeth where there was tartar collected. The fore arms and hands are also beginning to droop. Patient passed a very restless night, refusing to take medicines.

Monday, 27th, 8 A. M., is more quiet than during the night, although wild yet. The pulse, 120 but full and strong; still refuses medicine and food; urinated this morning; bowels moved twice yesterday; skin moist, as it has been all through the sickness. For the

past four or five days there has been quite an abundant secretion of mucus in the throat, which has been raised with some difficulty.

At 9 A. M. seemed to be in full possession of his mind; asked to be raised to clear his throat; called his friends by name, and expired without a groan or struggle.

The points of interest in this case are: First, the delayed development of the more prominent diagnostic symptoms of lead poisoning. Second, the marked rheumatic symptoms. Third, the rapidity of the pulse, which is rare in these cases; and fourth, the mode of death. We should have looked for a comatose state rather than one in which the mind was clear.

PUERPERAL CONVULSIONS.

By Wm. M. Eames M. D.,

Of Ashtabula, Ohio.

[The following article, which has been in our drawer for some time, was suggested by an article published in The Reporter of several months since.

Eds. Med. and Surg. Reporter:

The article in reference to puerperal convulsions, in the last number of The Reporter, recalls some cases of that fearful malady that have occurred in my own practice. Only six cases of well-marked symptoms have come under my observation in a practice of nineteen years. Two of these cases, which occurred within the past four years, present some points which may be of interest to the general practitioner, and I send you brief notes of them:

Mrs. A., of Kelloggsville; æt. about 35; primipara; had been in labor many hours, with hard pains; Dr. H., an old and highly-respectable physician, had charge of the case, and reported that everything seemed favorable for a natural termination of the labor; but on account of rigidity of the os uteri, he anticipated a tedious labor. In the midst of a pain she was seized with a violent convulsion, accompanied with frothing at the mouth and loss of consciousness, and followed by a partial cessation of labor pains.

When I saw her she had had eight convulsions, having just come out of the eighth as I entered the house. They averaged about one every half hour, and came on during the pains.

The ninth convulsion came on before I could get ready to go to the sick-room, and was of such force as to cause a jarring sensation all over the house. I found the patient to be a slender-built person; pulse, 150; she was entirely unconscious, and breathing with some stertor. The attendants declared that she had not been conscious since the first convulsion.

The case looked almost hopeless; but as the os had become dilated to near the size of the palm, it was thought best to deliver with the forceps, and I proceeded at once to do so. Scarcely a quarter of an hour had elapsed after this decision had been made before the child (a small one) was delivered and the placenta removed. The pains aided the expulsion of the fœtus, but also brought on the tenth convulsion. The child, after many efforts to resuscitate, began to breathe, but the mother showed no signs of returning consciousness for some 48 hours. She continued in a comatose collapsed condition, with extremely rapid pulse and many alarming symptoms, until she came gradually back to consciousness. She was treated with saline cathartics and enemata to evacuate the bowels; mild diuretics and strong stimulant applications to the spine, but the *convulsions did not return, or show any symptoms of returning after delivery.* She made a slow but perfect recovery.

The second case came under my care early in the labor. The patient, Mrs. R., was also a primipara; 20 years of age; of a robust, full habit. She had had dizziness and pain at the epigastrium at times for weeks before labor set in. A frightful convulsion was the first symptom to usher in the labor. The convulsions were repeated at intervals of about an hour, and each one rendered her more and more insensible. I arrived after the fourth convulsion, and found her with flushed countenance, hard, full, and rapid pulse (about 110).

She answered questions with hesitation and difficulty, and wished to be let alone. The pains were not perceptible. I opened a vein and took away about twenty ounces of blood, and gave her chloroform to inhale, and Norwood's tinct. of veratrum, and a large dose of hyd. chlor., mitis, and rhei—(say 10 to 15 grs.) She also took a warm foot bath. An examination per vaginum showed a slight dilation of the os, and the protruding membrane. She continued some two hours after the venesection without a convulsion; but at the end of that time, much to my horror, she went

into the most terrible epileptiform convulsions I had ever witnessed. Her lips and face were livid; her eyes rolled as if in agony; she breathed as if the air passages were in a rigid spasm, and gnashed her teeth and hissed forth bloody foam at a fearful rate.

Her breathing might have been heard many rods from the house. The attendants declared that it was like the other fits she had had. Hoping to check these frightful paroxyms, I abstracted more blood, in the interval, and gave chloroform and sulph. ether by inhalation, and applied cold to the head, and gave bromide potass., but all to no purpose. She continued to have convulsions until she had some 15 or 16, when the os became more dilated, and with the assistance of Dr. Hubbard (who had been called), she was delivered of a dead fœtus, by means of forceps. The paroxysms, however, still continued until she had 48 in all, averaging some 50 to 60 minutes apart.

Something like 60 or 70 ounces of blood were abstracted in all before the delivery. After that she was thoroughly purged, her head thoroughly shaved and vesicated with cantharidal collodion across the region of the frontal bone, and a bladder of ice kept constantly on the occiput. Violent stimulants were applied to the upper portion of the spine, such as chloroform, ammonia, and mustard. The pulse rose to 140, and at times higher during convulsions, and after delivery the surface and extremities were cold. She remained stupid, with stertorous breathing for about 48 or 60 hours, and was nearly a week in an unconscious condition, when she gradually recovered. Her mind, and especially her memory of past events were greatly impaired for weeks. Phlegmasia dolens supervened, both limbs being affected. She is now in good health, but subject to local congestions and loss of sensation and power of motion in various parts for a short time.

Of the remedies used I give credit to the copious venesections, inhalation of anæsthetics, mercurial purgations, and in the later stages, to vesications and local cold applications. Many other remedies were tried, but seemed to be powerless, the bromide of potash among them.

The case first mentioned seems to me to have been one of epileptiform convulsions, occasioned by excessive irritation, and the entire removal of the cause by instrumental delivery put an end to all the paroxysms. Other remedies were useless till this was accomplished. The second case was a well marked example of uræmic poisoning, followed by the characteristic convulsions, viz.: apoplectic, with an epileptiform tendency, or a mixture of the two forms, which cases are too apt to end in death.

A CASE OF RUPTURE OF THE UTERUS.

By Thos. F. Moses, M. D.,
Of Glendale, Ohio.

On the 27th of February I was called to attend in labor Mary P. V., a German woman of small, almost dwarfish stature. An examination disclosed a breech presentation, and as the labor was proceeding normally, and was likely to be tedious, I went away to return after a few hours. On my arrival in the evening the pains were very frequent and violent, and there was a constant escape of meconium. The os was fully dilated, and the breech firmly impacted in the pelvis. The woman showed no signs of exhaustion, and the presenting part continued to advance slowly, so interference was not decided necessary. I was particularly struck with the violence of the pains. All at once, during a pain, the woman uttered a sharp, terrible cry, and complained of intense pain over the lower part of the abdomen. The presenting part immediately receded, and it was evident that rupture of the uterus had occurred. A state approaching syncope supervening, I did not immediately deliver the child, and the friends of the patient sent for a priest, thinking her dying, which opinion I shared. After receiving the last offices at the hands of the priest she revived a little, and requested me to relieve her, if possible, from her agony. I stated to her the small probability of her recovering, and proceeded at once to deliver, passing my hand through the rent in the anterior wall of the womb, and finding the feet in the abdominal cavity I brought them down separately, and soon completed the delivery. Only the lower part of the body of the child had passed into the abdominal cavity. The rent extended from the fundus quite through the os, and communicated with the bladder. After accomplishing the delivery, I introduced my hand again into the womb to make sure that no loop of intestine was entangled in it, and at the same time removed a large clot.

The child, which was a finely-formed boy of more than 12 pounds weight, was of course dead. My only idea now was to make the poor woman as comfortable as possible during the remaining hours of her life, and I administered at once hydrate of chloral in solution, 30 grains, leaving a weaker solution to be given at intervals, in order that its influence might be kept up. Next day I found the abdomen enormously distended and tympanitic; pulse 130, and the face pinched and expressive of great exhaustion. Continued the chloral and ordered turpentine stupes over the abdomen. Patient dozed most of the time during the day, but was easily roused. The following morning the abdomen was still distended, but less than on the previous day, and the pulse had fallen to 80!

Twenty-four hours later there was a still further improvement, and the abdomen was softer and less painful under pressure. The next day, 72 hours after the delivery of the child, there was such a marked improvement that I considered the patient out of danger, and from that time on she continued to improve so that in three weeks' time she was about her usual avocations, suffering only from debility and the constant dribbling of urine from the fistulous opening in the bladder.

The patient was advised to go to the Cincinnati Hospital and submit to an operation; but, fearing such a procedure, she applied to another practitioner for relief, and was treated for a long time for incontinence of urine. Finding no benefit, as a matter of course, she has finally followed my advice, and is now (July 15), an inmate of St. Mary's Hospital, Cincinnati. The result of the case I have not yet learned.

Two things are worthy of note in this case: recovery after such extensive laceration of the uterus, and the seemingly beneficial effect of the chloral hydrate in subduing extensive peritonitis.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Clinic of J. E. Garretson, M. D.

(reported Dr. De F. Willard.)

Epulis.

I exhibit to the class this young man, who has, as I want all distinctly to see, a fleshy growth springing from the gum between two of his teeth, this growth falling into and filling a very large cavity in the side of one of them, the first molar. I want you to look at this little tumor closely, because, insignificant as it is, it can furnish us with a text, the study of which may, on future occasions, prove of very great service to all here assembled. Let me strengthen the force of this remark by saying, that for the cure of just such tumors as the one before us I have seen a patient maimed in appearance and comfort for life, through a resection of the jaw performed for its cure, while I will show you that this one, their analogue, will be cured without being even touched, except as such touching may concern the pulling out of a tooth.

The study, not of epulis, but of the epulides, is one which I much desire to be able to make very plain to you; for if you fail to comprehend the subject clinically, I am pretty certain you will not get a sufficiently clear comprehension of it from the books, at least for practical purposes.

Let us begin at the beginning: What is an epulis? There is no special disease which can be so called, and with a distinctive meaning. The derivation of this word epulis is from the Greek *epi*, "upon," and *outon*, "the gum," and thus signifies a something or anything upon the gum. What would the class think should I show you a mass of tartar encircling a tooth and resting upon the gum, and call this mass an epulis. Yet for all, it would be epulic, and I would have the same right to call it epulis as has the most learned writer, who gives this name to any other condition of the gums.

The term is in fault; it is inadequate in expression, used as a noun, and must ever remain so, because from the gums and from the alveoli of the teeth grow tumors of various signification; so various, indeed, are these growths, that while some are so malignant as to defy every remedy brought to bear on them, others, as the one before us, are so simple and benign, that, as I have said, the extracting of a tooth, or, indeed, the simple obliteration of a carious cavity, will be all-sufficient for the cure.

If you have read much on this subject you will necessarily have been struck with the fact that the most opposite conditions bear a common name, and that authors dispute in every volume the benignity or malignity of such growths; and like hundreds of others, you have perhaps turned from the subject, feeling that, with all your efforts, you have failed to understand just what epulis is.

From the gums, and from the periosteal tissue of the alveoli of the teeth, we have, as I have said, tumors of various signification; for example, some that are erectile in character, others fibroid, the fibro-recurring, the semi-cartilaginous, the encephaloid, the pulp-fungoid, etc. Any or all of these growths are indiscriminately described under the common term epulis. Take, as an example, Mr. Fergusson's description of epulis: "Epulis," says Mr.

F., "is a disease which begins as a small spot either on the outer or inner surface of the gums." Again, in another part of his writings, he says: "Epulis consists of a swelling of solid bone, the hard part of the bone being primarily affected. Still again: "Epulis is an osseous cyst, containing a glairy or a serous fluid." Mr. Paget, on the contrary, quite ignores the existence of epulis. When you return to your homes read his history of the myeloid diseases.

Now, will it seem to you to use a paradox, if I say that Mr. Fergusson is right in calling these most opposite conditions described by him epulis? He has only, in this particular case, failed in his usually happy way of putting things. So, also, the myeloid tumors instanced by Mr. Paget, as being mistaken for the epulides being upon the gums, must necessarily have been true epulides, and those who disagreed with Mr. Paget, calling them by such names were right—right in a sense; yet, also, was Mr. Paget right. The one class called them epulic, because they were situated upon the gums, and it was their nomenclature thus to call all tumors so situated. The other class designated the growths pathologically.

Now let us see how easy it is to reconcile these different nomenclatures of one and the same disease. I have already indicated that this word epulis could not, from its very derivation, apply as a noun-substantive—it has no other than an adjectival or anatomical application; and when so used it is a remarkably expressive word. Suppose then we discard the term as a noun, as a word having pathological signification, and apply it alone in accordance with its anatomical derivations. Take now the tumors of Mr. Paget: they were marrow-like in structure—they were, therefore, myeloid growths; but their situation was upon the gums; they were, therefore, epulic. We convert now our noun into an adjective, and fully describe these tumors in calling them epulo-myeloid; does this not reconcile the differences, and is not the compound solidly expressive. An epulo-myeloid growth is a tumor situated upon the gums, marrow-like in its pathological character. There is expressed at once, and happily as it seems to me, location and character.

If, gentlemen, you are prepared to accept of the change proposed, you can never again possibly find yourself confused by any writer or any clinician on this subject; he may call his tumor how and what he pleases, but you will comprehend him.

You are at least to understand me, that I shall never have an epulis to show you, but without doubt I shall have opportunity to treat before you, numerous cases of epulo-fibroid, epulo-erectile, epulo-cartilaginous, epulo-carcinomatous and other of the epulide tumors. Epulis, epi oupon, is with us always, remember, an adjective, and not a noun; it describes the location of a disease, not its character.

I return now to the case before us. While superficially viewed, this tumor looks as if growing from the socket of this molar tooth. I have found by carefully pressing it away that this is not the case, but that indeed it is nothing but a strangulated mass of gum tissue. Let me explain this to you.

Here, in my hand, is the model of a molar tooth; it has, as you see, a great cavity excavated in its side. Now, I encircle the base of the crown with this mass of lint, which lint is to represent the gum, and does represent it exactly, in its relation to the body of a tooth. Look now, and you will observe that the base of the cavity is concealed from sight by the lint. The cavity runs below the circle of the lint. Suppose now that I should wet this lint so that it should swell, would not the portion that lies over the cavity fall into it? This is exactly the history of the little tumor before us. The cavity of the tooth runs below the margin of the gum; this gum tissue has become congested, wet, if you please, and it has swelled up, over, and into the cavity—which swelling, together with the pressure between it and the adjoining tooth, has strangulated the gum, hence its livid aspect; the strangulation in turn, has added a second source of irritation, thus explaining, the congested look of surrounding parts.

Understanding now the explanation I have given you, the treatment of this case resolves itself into such simplicity that it is as though one might say, "I have a string around my finger, which is so tight it cuts off the circulation." You would cut the string, would you not? Just so. You would pull out this tooth or you would obliterate the strangulating cavity.

If you would determine on doing the latter you would first, with a sharp bistoury, cut the growth from the cavity, and next, saturating a piece of cotton with a solution of gum sandrach, you would force it into the place just occupied by the removed tumor. Two things cannot be in the same place at the same time, and you would be sure to cure the condition. A permanent cure, however, thus attempted, would have to be secured by a permanent filling up of the cavity. If convenient, the best way to accomplish this would be to send your patient to his dentist. If this could not be done, then a piece of gutta percha sufficient to fill the cavity might be softened in a flame, and thus be packed into the tooth. A little cold water held in the mouth for a few moments would harden this, and it will last sometimes two or three years, particularly if, before its introduction, all decay has been removed from the parts.

This, then, is a history and the treatment of one of the epulides; the other extreme will, sooner or later, compel me to re-sect the whole jaw before you.

Here is a specimen which I desire to show you: It is a model of a molar tooth; an exact model,

only hundreds of times enlarged. It has, as you see, a great cavity, occupying the whole grinding face; and in this cavity is a red, fungous mass; the cavity communicates with the pulp, and the mass is the representative (often seen in practice), of a diseased hypertrophied pulp. Imagine, now, this pulp so overgrown and fungous as to bulge out over the tooth, covering it in as a thimble covers the finger; concealing it, indeed, from view, and hugging closely the surrounding gum. Do you not think it would be a very ugly sight? And to one not having an understanding of it, would it not be confusing? Many a man has lost a section of his jaw from such a tumor. And yet, for its cure nothing was demanded but the extraction of a tooth. This, you certanly see, for the association of such a tumor is alone with the inside of the tooth, with its nerve, or pulp cavity.

Here is still another specimen: You observe that on the side of one of the roots of this tooth is a hole. If the tooth was in the mouth this hole would be the eighth of an inch, at least, below the margin of the gum; out of this hole you notice the projection of a red fungous mass, precisely, indeed, like the last case, except that it is smaller; this is also a pulp-fungoid. After a time such a growth will work its way upward to the free surface of the gum, and will deceive any one not very conversant with such things. You will diagnose such growth by observing the following suggestions: First, these tumors are invariably fungoid; second, they will be found to hug more or less closely the side of the tooth; third, it is possible, by gentle manipulation, to work down alongside of them until the origin is seen. To cure them, it is only necessary to extract the tooth. These growths, being upon the gums, belong to the epulides, they are epulo-pulp fungoid tumors.

[Note.—The clinic was closed for the day by the exhibition, by Dr. Garretson, of patients upon whom he had, at various times, operated for the cure of different forms of epulic tumors, showing the advantages of certain forms of operations over others, and demonstrating the non-necessity for the extensive removal of bone so often commended and practiced.—De F. W.]

ALBANY CITY HOSPITAL.

Surgical Clinic of Prof. J. H. Armsby, M. D.

(reported by T. D. Crothers, M. D.)

Senile Gangrene.

Case I. Here is a remarkable case which I wish you to note carefully. This patient is 72 years of age; a farmer; has been a healthy and robust man all his life; his parents were healthy, and lived to a good old age; he has always been temperate; has a ruddy complexion, and a well nourished body. About two years ago he noticed the nail of his big toe became livid, and the toe began to swell; a dull, throbbing pain followed. There was no appreciable cause of any kind; the swelling and discoloration continued until gangrene came on, extending to all the other toes, which, in turn, separated and dropped off; then it went up the foot until the whole was gangrenous, separating and leaving the astragalus and a part of the os calcis connected with the leg. He came to me to have his leg amputated, thinking that if the diseased parts were removed he might substitute an artificial leg. I removed the os calcis and astragalus four days ago, dressing the stump and applying a solution of carbolic acid, giving the patient quinine, capsicum, and iron. My object is to avoid an amputation, if possible, which, in an old person with this disease, is rarely successful. As a rule, you will find that amputation in aged persons who have gangrene hastens rather than retards the disease. This stump looks unhealthy; it has been painted with tinct. of iodine and glycerine, and linseed meal and poultices laid over it. I shall continue this, in hopes that healthy granulation may follow. The pulse is normal, and the heart-sounds are natural; there is no evidence of disease of the veins or arteries; no œdema or tumefaction in the iliac fassa or groin, and I find no trace of disease beyond the parts affected. Now, what are the causes? The following are the most common: a degenerative condition of the arteries, with deficient muscular and elastic power; obstruction of vessels, with impaired condition and amount of blood; an enfeebled heart; a passive congestion or stagnation of blood in any part of its course, etc. Any one of these causes may produce gangrene. This is a case generally called "senile gangrene." Nélaton calls it spontaneous gangrene. It begins in degenerative tissues, feebly nourished, and at the extremities of the body; the parts grow dark, become dry and shriveled, then separate; sometimes as in this case, without much pain or constitutional disturbance, yet extends rapidly to the living parts, which take on inflammation, then die. A slight injury or abrasion hastens death, and seems to be the center or nucleus of more rapid degeneration. Statistics prove this disease to occur more frequently in adults and the aged, yet it is seen in the young occasionally. In all these cases, be guarded in your surgical interference, pursue an expectant plan of treatment, in all of which you will be frequently disappointed in the results.

Fatty Tumor.

Case II. I have persuaded this man (Mr. Dunham, of Canada,) to come here that I may show his case, one of wonderful deposits of fat in the different parts of the body. Notice this remarkable cushion-like fold about the neck. It measures 36 inches in circumference on a level with the chin, 10 inches broad behind, 7 inches from a line extending out from the

back of the neck to the angle of the jaw, 9 inches from the angle of the jaw to the border of the tumor, which hangs down on his breast, and 15 inches laterally, from one extreme point to the other. Besides this he has deposits of fat in the gluteal region over the epigastrium, in the axilla, and in various parts of the body, yet he is in good health. He is a ship-carpenter by trade; has been unable to follow his business for fifteen years. Twenty years ago he noticed a small lump on his neck, which has been growing ever since, until it has reached its present size. He is 67 years of age; suffers no pain; sleeps well and eats well. Could labor were it not for the inconvenience of these large masses of fat. He came here eight years ago, and a cast was taken of his neck and shoulders, which was put up in the museum of the college. I think he is larger now than at that time. Of course, nothing can be done. The vital organs appear to be normal; the pulse natural, and he bids fair to live some time, yet it is possible that these deposits may increase and take place in the liver and heart, and thus terminate life. In this case, you will notice, the fat has taken the exact form of the parts in which it is deposited. In other cases this excess of fat may cause the entire disappearance of the usual structure.

Editorial Department.

Periscope.

On Hydrophobia.

M. Bouley communicated to the Académie des Sciences, at one of its recent meetings, some of the results that have accrued from the investigation concerning hydrophobia during 1863-68, instituted by the Minister of Agriculture. We consider them of so much general interest, that we reproduce them from the *Medical Times and Gazette.*

1. In 48 departments in which rabies was stated in 108 reports to have occurred, 320 persons were bitten. 2. These 320 persons furnished 129 cases of hydrophobia—*i. e.*, a mortality of 40.31 per cent. of those bitten. 3. In 123 known cases specified in the documents, no hydrophobic accidents followed the bites. The 68 cases, of which the subsequent history is unknown, in all probability, were also unattended by ill effects, as the occurrence of cases of hydrophobia almost always becomes known. 4. Of the 320 bitten persons, 206 were males and 81 females, the sex of 33 not being indicated. 5. In the 206 males the mortality was 100, or a little less than half; while in the 81 females it was only 29, or a little more than a third. This difference M. Bouley regards as a statistical accident, due to the small number of figures dealt with, but still one worthy of being noted. 6. The age of the persons bitten has been indicated only in 274 cases. The greatest number of cases (97) occurred between the ages of 5 and 15, but the occurrence of hydrophobia after the bite was noted only 26 times at that age, or 26.77 per cent; but in the subsequent decennial periods it rose to 48, 61, and 60 per cent. So that if children are more liable to be bitten they are less likely to have hydrophobia follow. 7. The bites were in the great number of instances inflicted by *male* dogs. In the 320 cases in question the bites were made by dogs in 284, by bitches in 26, by cats in 5, and by wolves in 5. 8. As regards season, 89 persons were bitten in March, April, and May; 74 in June, July, and August; 64 in September, October, and November; and 75 in December, January, and February. So that it is evident that mad dogs have to be equally guarded against in all times of the year and all seasons. 9. The inquiry furnishes some important results as regards the period of incubation, being in accordance with those derived from prior inquiries. Of the 129 cases in which the bites were followed by fatal consequences, the period of incubation has been verified in 106, with the result of determining that it is during the first 60 days after the bite that hydrophobia is most frequently manifested—viz., in 73 instances out of 106. The remaining 33 are distributed as far as the 240th day—*i. e.*, exactly six months, becoming, however, less and less numerous, so that after the 100th day there are only 1 and 2 cases, and at the sixth month only one. Hence the conclusion, that the chances of not contracting hydrophobia greatly increase when two months have elapsed, and that after the ninetieth day complete immunity becomes most highly probable. The present also confirms prior inquiries in establishing the conclusion that the period of incubation is shorter in proportion as the subject is younger. By ranging the cases under two periods—the one from 3 to 20 years of age, and the other from 20 to 72 years—it is found that the mean duration in the former was 44 days, and in the latter 75 days—a difference evidently of great consequence in relation to prognosis. 10. The duration of the disease was verified in 90 cases, and in 74 of these death occurred within the four first days, and especially on the second and third days. In 16 life was prolonged beyond the fourth day. 11. The inquiry furnished some interesting information as to the danger of the bites in relation to the regions on

which they were inflicted. Comparing the wounds having the same seat, it is found that of 32 where this was on the face, hydrophobia followed in 29. In 73 cases in which the hands were bitten, hydrophobia followed in 46, and immunity in 27. The wounds of the upper and lower extremities, compared with those of the face and hands, gave a reverse proportion. Thus in 28 affecting the upper extremities (the hands excepted) the deaths were 8 and the immunities 20; and in 24 wounds of the lower extremities 7 were fatal, and 17 unfollowed by ill effects. In wounds of the trunk, generally multiple, the fatal cases again predominate, being 12 in number to 7 immunities. These figures, like those of former reports, attest the comparative protection of those parts that are clothed. 12. With regard to the important subject of prevention—recovery as yet being unknown—M. Bouley observes that the present documents, like all those which have preceded them, show that cauterization of the wound, and especially with the red-hot iron, performed speedily and completely, is the best of all prophylactic measures. Of 134 rabid wounds which were cauterised, immunity followed in 92, and death in 42; while in 66 wounds which were not so treated, immunity occurred only in 10, and death in 56. Although the actual cautery used boldly and promptly is the means which gives the best chance of protection, it may not always be possible to have recourse to it, and in its absence, or before its adoption, immediate suction of the wound should be resorted to, the patient performing this office himself at once whenever possible, the fluid which is thus drawn out by the mouth being immediately spit out again. The wound, too, should be encouraged to bleed by pressure, and should be continuously washed with any fluid at hand, as the *eau de Javel*, or even urine. Whenever the form of the parts permits it, the region should be surrounded by a circular ligature, and this should not be removed until cauterization has been performed, and after the evacuation by cupping of a good portion of the blood, the course of which it has suspended. M. Bouley makes no mention whatever of excision of the bitten parts, the means we usually resort to in this country.

The Cold Water Treatment of Typhoid Fever.

The *Cincinnati Medical Repertory* has the following translation from the German by E. Vogel:

Herman v. Boeck, house physician of the municipal infirmary of Munich (Bavaria), has published, after one year's experience in that institution, the results of the treatment of typhoid fever by cold water.

To Dr. Brand, of Stettin (Prussia) belongs the credit of having first brought to proper notice that treatment by which now one of the most pernicious symptoms of typhoid fever, the excessive fever heat, is successfully combatted.

The exact experiments of Jurgenson of Kiel regarding the effects of bathing, and the pathologico-anatomical studies of Liebermeister concerning the influence of high temperature in fever, have contributed to elucidate the subject, and have placed it on scientific ground. Liebermeister's careful investigations show that the effects of exorbitant temperature of the body are chiefly directed to the parenchymatous organs, and particularly to the heart. These effects consist in fatty degeneration. Heart, kidneys and liver are affected in preference. Dependent on degeneration of the heart is, notwithstanding increase of contractions, a diminution of labor, from which results congestion in different organs, producing decubitus, hypostatic pneumonia, pulmonal infarets, delirium (venus congestion of the brain). The severer forms of alteration of the kidneys found after death from violent fever are, according to Liebermeister, likewise attributable to excessive height of temperature.

A treatment succeeding in keeping down the fever heat within certain limits, might therefore be expected to save all those cases that otherwise would die, as *magnitudine morbi;* and furthermore, to diminish delirium, hemorrhage infarets, hypostatic pneumonia, decubitus, meteorism, dryness of tongue, albuminuria, myorrhexia, abscesses, ositis interna, bleeding of the nose, excessive frequency of pulse, etc., while ulceration of the bowels and their perforation would perhaps not be prevented. As to the objection that the application of cold might bring on pneumonia, angina, bronchitis, rheumatism, collapse, intestinal hemorrhage, etc., experience has thus far shown so little harm and so eminent success, that apprenension on this point may be dismissed. The cold water, or better, the heat reducing treatment, is therefore as efficacious as quinine, whose anteperiodic value is, beyond doubt, a powerful means for counteracting the effects of fever.

It has been introduced into most of the clinical hospitals.

In the above named institution the water is generally taken first as it comes from the well at 50°, 55°, 64° F. The patient, denuded—women covered with bathing shirt—is put into a bathing tub one-third full and abundantly sponged over with a large sponge. If no counter indication exists, water is poured over his head. While this procedure is repeated the patient is admonished to exercise, to rub his feet and body, to stir, etc. He remains in the water from twelve to fifteen, sometimes from twenty to thirty minutes. The first cold drenching is to most patients very disagreeable. They complain of feeling very chilly and want to get out of the bath. Soon they commence shivering and shaking, their whole frame quivering, and teeth chattering, the skin quite

cold to the touch. At that stage they are removed. A large sheet is spread over the bed, and the patient enveloped in it; his feet are covered with a woolen blanket, and he soon feels comfortable, when his shirt is put on and he lightly covered.

As this treatment is as difficult for physicians and nurses as it is onerous to patients, bladders filled with ice (not too heavy) have been applied to head, chest and abdomen, with the effect of reducing considerably the number of baths necessary. Large doses of quinine may be used to increase the good effects of the bath.

As to the frequency of the operation, the temperature of the axilla was ascertained once every two hours, and one hundred and three degrees F. considered an absolute indication for a bath, the temperature of the rectum always being one degree F. above that of the axilla. A long continued moderately high temperature and a short continuance of excessive heat (over one hundred and five deg. F.) are very dangerous to life. It is therefore necessary to subdue the heat "*coup sur coup*" and nothing can be gained by ordering in an every day style a certain number of baths, say for instance "two every day." The maxim afterwards adopted in the municipal infirmary was to bathe whenever the temperature remained for hours above one hundred and two deg. F. and was gradually rising.

The number of cases of typhoid fever treated with cold water from Oct. 1st, 1868, to Sept. 29th, 1869, was one hundred and two, seventy-three men and twenty-nine women, ages ranging from fifteen to fifty years. The duration of treatment was from ten (all fatal cases) to over sixty days—at the average, twenty-nine days. Number of deaths nine. One very severe case recovered after seventy-two baths having been given in fourteen days, seven or eight in twenty-four hours for eight days. In all cases persuasion and occasionally a mild rebuke overcame the aversion of the patients. No coercion was resorted to. The author thinks there is no typhoid fever patient who will not, half an hour after the bath, admit that he feels comfortable, however much he may detest the operation.

Collapsed patients first undergo a stimulating treatment, and only after danger is removed efforts are made for abating the violence of fever. In intestinal hemorrhage, impending perforation and extreme debility, the patients are sponged over from quarter to half an hour with ice water, or, for one hour, enveloped every ten minutes in a wet sheet. The intervention of the menses, of pneumonia, of violent bronchitis are not considered counter-indications of the bath, this proving sometimes even the sole and sovereign remedy.

Bathing at night time cannot be avoided, but may be reduced to a minimum by proper distribution.

There are cases of typhoid fever, pneumonia, scarlet fever, etc., consuming the patient by excessive heat in a few days. The success of the cold water treatment depends, therefore, to a great extent, on its timely application. Whenever, in a new case attended with high fever, any doubt existed as to the diagnosis, whether it was typhoid fever, or pneumonia, small pox, measles, scarlet fever, intestinal catarrh, etc., the cold water treatment was brought into use at once. No apprehension need be entertained of a recession of the exanthema or of metastasis. No harm has ever been done, and even facial erysipelas with high fever, has been alleviated by bath and ice.

A nutritious diet is of the greatest importance; eggs, milk, Liebig's meat extract, wine, beer sugar, coffee, tea, etc., have been given. One of the great advantages of the cold water treatment is, *that most patients undergoing it, like to take food.*

The cold bath acts as a powerful irritant to the superficial *vaso-motor* nerves, and may effect complete contraction of the radial artery, extinguishing the pulse. This ought to give no alarm, nor is there any cause for uneasiness if, as sometimes is observed, violent cold chills occur several hours after bathing. No evil has ever resulted from it.

There has been no case of collapse.

The prognosis and the course of the disease are much more favorable than with other treatments. The patient keeps quiet in bed, has little headache, a moist tongue, moderate bronchitis, little meteorism, no decubitus, no violent delirium; being all the time in a conscious state there is almost no involuntary discharges; lifting or carrying of the patients are of rare occurrence.

Leaving out cases hopeless from the beginning or otherwise complicated, the ratio of mortality of typhoid fever with cold water treatment has been four per cent.

Gonorrhœa.

Dr. BLACK, of Glasgow, does not think that any irritant, whether chemical, physical, or vital, is quite sufficient to give rise to a gonorrhœa, and that "the majority of females who communicate gonorrhœa do not suffer from it themselves," as has been said by some authorities. He lays down two propositions—1. That married men have never been known to contract gonorrhœa from their wives; and 2. That in remote country districts, and in islands, where there is no prostitution, gonorrhœa is never seen save as an importation. The incubation period is from four or five days to some weeks. Gonorrhœa, then, is a local specific inflammation. His own firm conviction is that, when once the specific irritation sets in, neither diluents nor cooling drinks are of any use. Contrary to Mr. Hutchin-

son's views, Dr. Black thinks that in injections the amount of irritation, and the strength of the injection should be in an inverse ratio. He is persuaded that sulphate of magnesia should not be administered in the acute stage. He likes as injection, a mixture of sulphate and acetate of lead, three grains of the former to two of the latter, with a drachm of glycerine in an ounce of water, half of this injected four times a day. For repeated injections he prefers to retaining the solution. At the same time he administers cubebs. Chloride of zinc, three grains to the ounce, or a drachm of tannin with half a drachm of borax, and one ounce of glycerine in seven ounces of water, are recommended as injections.

Reviews and Book Notices.

NOTES ON BOOKS.

Geo. H. Shaw & Co., Law Publishers, 176 Fulton street, New York, have in press, and will shortly issue, an octave pamphlet of about 250 pages, containing a complete report of the Great Case of Alleged Malpractice—"Walsh vs. Dr. L. A. Sayre," of New York. Price, $1.50.

We have from Lindsay & Blakiston the second edition of Dr. LEGGE'S *Guide to the Examination of the Urine.* It is a convenient manual for the practitioner and student. The work has been carefully revised, and much new matter added to many of the sections. Price, 75 cents.

The Board of Regents of the Hudson county (N. J.) Hospital, have issued a report of their doings to the present time. The Hospital was formerly opened on the 2nd of June. The report gives an encouraging account of what it has accomplished, and its future prospects. The following is the Medical Staff: *Consulting Physicians*—Drs. H. D. Bulkley, New York, and J. M. Corneilison, Jersey City. *Consulting Surgeons*—Prof. A. C. Post, and J. Hinton, New York. *Attending Physicians and Surgeons*—Drs. J. N. Quimby, F. E. Noble, E. P. Buffit, J. B. Burdett, Jno. M. Julian, L. W. Elder, John Kudlich. *House Physician and Surgeon*—Dr. John Q. Bird.

BOOK NOTICES.

The Physical Exploration of the Rectum, with an Appendix in the Ligature of Hemorrhoidal Tumors. By William Bodenhamer, A. M., M. D. William Wood & Co., Publishers. New York.

In glancing over this brochure of fifty-four pages by Dr. Bodenhamer, we are favorably impressed with the practical tact of the author in this particular branch of surgery. He has given a fair summary of the physical means of diagnosis to within four or five years. Since this period there have been devised valuable instruments which are calculated to render more important services to rectal diagnosis than those he describes, some of which, in this section of country, at least, have been discarded, as the old bivalve speculum, and the plan of Storer has never had any advocates. The improvements we allude to are the endoscopes of Desormeaux and Wales, which, after repeated trials, have led us to adopt them as the most perfect means as yet devised to illuminate the entire length of the rectum and the sigmoid flexure. We have repeatedly introduced the large endoscopic tube of thirteen inches length, and inspected the mucous membrane with the greatest ease and satisfaction. We have made some experiments with long rectal tubes, and have no hesitancy in advancing the assertion that with ordinary skill the ascending colon can be reached, as alleged by Storer.

The first eighteen pages of the monograph is devoted to the anatomy of the rectum, and contains nothing that may not be found in the ordinary text-books on that subject.

Section four describes what purports to be the author's mode of "sounding the rectum," but which we have both used ourselves and seen employed by various surgeons several years ago, and as far as we know, is generally practiced.

The appendix was written for a periodical contribution, and discusses the subject of ligation of tumors; the author believes that he performs this operation differently and more intelligently than other surgeons, inasmuch as he avoids "seizing the tumors by the tenaculum and forceps, but always requires his patients to extrude the tumors by defecatory efforts, or by the efforts produced by means of an aperient or a relaxing enema," never employs a heavy silk cord, and does not place the ligature very close to the base of the tumor. All these points have been long since sufficiently dwelt upon by various surgeons.

The brochure is closed by the lament of thousands of persons who, dreading the formidableness of the galvano-caustic in other procedures, throw themselves in the hands of quacks, and urges us all "to rescue the piles from out of the hands of quacks, who have too long already monopolized it, to the exclusion and the disgrace of the regular profession," and we may add that no better beginning, as suggested, can be made than at 237 Fifth avenue, where the author can be found at the customary hours.

In conclusion, instead of following the usual custom of advising our readers as to the propriety of buying and reading the volume, we would first give the kindly advice to the author that it is better to stick to good English than to mar his volume by bad Latin, so marked on one or two pages of his brochure.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 13, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade*:

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

VALUE OF THE OBSERVATIONS OF DISPENSARY AND COUNTRY PHYSICIANS.

At a recent meeting at the Eastern Dispensary in New York, Dr. STEPHEN RODGERS remarked that some points referred to in a paper that had been read, recalled certain facts which he thought proper to mention. He (Dr. R.) could not remember a single instance, indeed he believed that there was not one on record, where medical men prominently connected with hospitals, whether in America or in Europe, had from the use of their resources made important discoveries, or otherwise enlightened the profession, to the same extent as those unconnected with these institutions. He instanced Dr. Jenner in England, and in New York, Dr. Cammann, and Dr. Loines—who he believed to be the best authority in this country on the subject of vaccinia. The doctor said that he preferred the dispensary, where disease is seen in its incipiency, to the hospital practice; and though he valued the advantages of the latter, yet he deemed the first more practical, and instanced several important and original operations which he himself and others had performed in the dispensary clinics.

Dr. Rodgers may not do full justice to hospital physicians and surgeons, and may not sufficiently appreciate the advantages of hospital practice, yet we are constrained to admit that there is much that is true in his observations given above—for which we are indebted to Dr. R. B. Prescott, the efficient assistant secretary of the medical association connected with the Eastern Dispensary. And what Dr. Rogers claims for the dispensary physician we have often claimed for the country practitioner, who is called to treat disease in its incipiency, and uninfluenced by the unfavorable hygienic surroundings to which most of the patients who frequent our hospitals are exposed, to say nothing of the many complications which accompany a large proportion of the cases treated in these institutions.

The country physician sees and treats diseases in an uncomplicated form, and generally with healthy surroundings. He is also thrown upon his own resources, and if he be a live, progressive man, is less liable to fall into routine practice, to which we believe hospital physicians are peculiarly liable. For these reasons we have always valued contributions from country practitioners to the literature of the profession, and have for twenty years done

all we could to encourage country physicians to write. We are aware that there is a class of men, mostly neophytes, of abundant conceit, who affect to despise contributions from such sources. But they are not men with whom wisdom will die—nor do they add more than others, or, indeed with all their "darkening of counsel with words without knowledge," as much to the sum of medical knowledge. While giving them credit for whatever observations their limited means allow them to make, we must be allowed to place a higher value on the experience and observations of men, albeit of rough exterior, whose whole lives are spent in direct contact with diseases and injuries in their idiopathic, uncontaminated forms.

EXPLOSIVE COMPOUNDS.

Two instances have come under our notice lately, illustrating the necessity of great caution in the compounding of drugs and chemical mixtures. An English physican wrote the following prescription which developed results that were not accounted for by his philosophy in time to prevent a very unpleasant accident:

℞. Argenti oxidi, gr. xlviij.
Morph. muriat., gr. j.
Ext. gentianæ, g. s. M.
Make 24 pills and silver them.

The pills were compounded, put into an ordinary pill-box, and placed by the lady for whose "good health" they had been prescribed in her bosom. The nestling place proved too warm for the susceptible nature of the compound, and the result was, an explosion in three-quarters of an hour, which reduced the under-clothes to a tinder, severely scorched the right breast, and gave the surgeon a severe burn on the bosom to dress. But suppose the explosion had been in the stomach!

Another sad case has recently occurred, showing the importance of employing competent persons in drug establishments.

Mr. Whitesman, a clerk in the dry goods store of Mandel Bros., in Chicago, Illinois, was sent to get some compound made up of nitric acid and mercury. He went to the drug store of B. A. Leavenworth, and asked for what he wanted. There was a clerk in the store who knew where the nitric acid was, and where the mercury was also, and it did not require much chemical knowledge to pour some of both into a bottle and cork it tightly.

That was what he did, but he seems not to have known the effect which those powerful bodies have upon each other, or how to mix them in proper and harmless proportions. The sad consequence was, that the unsuspecting young man took the bottle, which was hardly less destructive and dangerous than a torpedo, and went his way. He had not proceeded far before the compound exploded, burning his face and body frightfully, and, worse than all, destroying his eyesight forever. He was taken to his home, and Dr. Walker and others were summoned to his aid. They did all that skill and science could do to mitigate his sufferings, but it was beyond human power to restore sight to his darkened eyes.

Notes and Comments.

Long Island College Hospital.

Prof. Alpheus B. Crosby, of the University of Vermont, has accepted the chair of surgery in the Long Island College Hospital, of Brooklyn, N. Y. Prof. Crosby is a gentleman of reputation as a lecturer, and we have no doubt his connection with the Long Island college will prove a valuable acquisition to its strength, and we congratulate the institution on having secured his services.

Australian Leeches.

A new variety of leeches is coming into the markets, from far off Australia. An exchange says:

The leeches found in the River Murray have qualities which render them formidable rivals of the speckled leech of Northern Europe. They bite freely, do not stick too tight, and do their office in such a workmanlike way that no inflammatory wound is left on the patient's skin. These advantages have been duly appreciated, and in Murray district much care is taken to preserve the leeches. Not satisfied with supplying the little blood-suckers to Colonial sufferers, the leech-farmers have recently ventured upon sending a consignment of them to England. They were packed in soft clay taken from the bed of their native river and have arrived safe and sound, after their long journey, in first-rate appetite, doubtless, and eager to strike a vein. It is a historical fact that England has bled her colonies by wholesale for centuries past, but this is believed to be the first instance on record where one of them has attempted to retaliate by phlebotomizing the mother country!

An Opening for Professors.

The Japanese Government has requested the King of Prussia to send out some German medical men capable of filling medical and surgical professorships.

Dr. Langenbeck has been entrusted with the responsibility of making the selections; and already Dr. Hoffman, an eminent naval surgeon, has signified his willingness to accept a call to Japan.

Since Prussia has, for a time at least, enough for all her medical men to do, could not the Japanese Government in mercy call off some of our surplus stock? There are medical men within a hundred miles of Philadelphia who would accept anything in the way of a professorship,—even from Japan!

A New Field for Physicians.

Here is something new, and our professional sisters have the credit of its discovery. The *College Courant* says:

Miss Alida C. Avery, M. D., is the resident physician at Vassar College. Her business is the prevention, as well as the cure of disease. Her duties include vigilant watch over the pupils. If she sees signs of over-work, she orders that one study, or two, perhaps, shall be dropped off. She daily inspects the table, orders this dish off and that one on, one to be served daily and another not at all, and conforms the diet to some standard of health.

That is all very well in theory, but we doubt very much about the practice. If lady students meekly submit to such arbitrary sumptuary regulations, we fear that the attempt to carry them out in colleges of the other gender would develop "insubordination." The rations supplied to the mess tables of college students are proverbially scant and poor, and a *judicious* ordering "off" and "on" of dishes with more reference, however, we opine, to the palate than to the health—would without doubt be tolerated, and we venture to say that the "resident physician" would soon learn that the *taste* of the students must needs be consulted, or his office will prove a thankless one. Still, we would be very glad to see the experiment tried, provided judicious appointments of resident physicians can be made.

Prof. Huxley and Materialism.

We are glad to see that Prof. HUXLEY is restive under the charges of materialism founded on his brochure, "The Physical Basis of Life." Had he been more positive in his statements, there would not have been any need of the explanation he makes.

In the preface to his new volume, entitled "Lay Sermons, Lectures and Addresses," which is shortly to be published by the Appletons, he says: "The essay on 'The Physical Basis of Life' was intended to contain a plain and untechnical statement of one of the great tendencies of modern biological thought against what is commonly called materialism. The result of my well-meant efforts I find to be that I am generally credited with having invented 'protoplasm' in the interest of 'materialism.' My unlucky 'Lay Sermon' has been attacked by microscopists, ignorant alike of biology and philosophy; by philosophers not very learned in either biology or microscopy; by clergymen of several denominations, and by some few writers who have taken the trouble to understand the subject. I trust that these last will believe that I leave the essay unaltered from no want of respectful attention to what they have said."

A New Anæsthetic.

Dr. LIEBREICH, of Berlin, asserts that he has discovered a substitute for chloroform, the use of which is free from all the disagreeable sensations consequent upon the use of that drug. He calls it æthyliden chloride. It is a colorless fluid of an agreeable odor and very volatile. Sleep suddenly overtakes the inhaler, and he wakens quickly and involuntarily, as from a natural slumber.

If this statement be true, Dr. Liebreich will prove himself one of the greatest benefactors of the human race that has lived. It were glory enough for one man to have introduced so great a boon as chloral hydrate.

Correspondence.

DOMESTIC.

Hemorrhage of the Urethra.

EDS. MED. AND SURG. REPORTER:

This trouble must certainly be of rare occurrence in civil practice, more particularly in its aggravated form, as will be detailed, since it has just presented itself to me for the first time in a professional life compassing fourteen years.

On the 26th of March last, Jim, an athletic freedman of 20 years, came to my office, stating that occasionally a few drops of blood dripped from the end of his penis at irregular intervals. This was attributed to an injury received in climbing over a fence.

Satisfying myself that there was no venereal complication, iron and arsenic were prescribed, affording entire relief in five days. On the 18th inst. he came to my office, ashy, haggard, and anxious looking, stating that while riding, the day before, the bleeding had broken out afresh, and was profuse. On examination, bright scarlet blood was found dripping rapidly from the orifice of the urethra, about a fluid ounce and a half hourly.

The recumbent position, cold applications to perineum and penis were at once ordered; internally, acetate of lead and opium in free doses, every two hours.

The morning of the 19th found but a slight change. Knowing the value of bi-tartrate of potassa in hematuria and menorrhagia, I prescribed it in 15 grs. doses, hourly. At 3 P. M. no relief, and hemorrhage telling constitutionally; injected through a female catheter introduced into urethra, gradually and carefully during the next hour, six ounces of a moderately strong solution of persulphate of iron—withdrawing instrument while throwing fluid in, so as to reach as much of the urethral tract as practicable.

No abatement of the bleeding followed this, and at 4 P. M. he took the first dose of the mixture then prescribed:

℞. Saturated tinct. ergot,
Oil of turpentine, aa f.℥ij.
Tinct. chloride iron,
Laudanum, aa f.℥j.
Gum-arabic mucilage, f.℥viij. M.

S.—Take one tablespoonful hourly.

At midnight hemorrhage ceased entirely, and he is now, in less than 48 hours, ready to return to his work.

EDW. H. SHOLL, M.D.

Gainesville, Ala., July 21, 1870.

Miliary Tubercles with Dilation and Polypus of Heart.

EDS. MED & SURG. REPORTER:

The patient in question was a dark mulatto, sixty eight years of age, according to his own statement, but not so aged in appearance. His most prominent symptom, remarkable to the most superficial observer, was an extreme difficulty of respiration. This was perceived to be of an intermittent character, with a comparatively easy breathing of a short duration, succeeded by an intense panting or gasping for breath. He had anasarca, but not to an extreme degree. The right lung was somewhat dull on percussion, with bronchial inspiration and prolonged expiration, bronchophony and rales over the whole front part of this lung. These signs of tubercles were not so marked behind both lungs, or in front of the left, where there was puerile respiration. The dullness over cardiac region was marked—from left nipple transversely across to the distance of two inches to right of sternum. His pulse was regular, and of average frequency. I could not detect any valvular murmur, after repeated auscultation of heart's action. He had had a cough, he said, for a year or more; but this extreme difficulty of respiration had troubled him only four or five weeks before he came to me. He had been engaged as a farm laborer, and he was suddenly attacked by it one day while ploughing, and had to go home.

After being under observation some ten days he died rather suddenly, but not unexpectedly.

P. M—assisted by Dr. Latimer, a *post mortem* examination was made an hour and a half after death. The incision extending into abdominal cavity, below diaphragm, a considerable amount of dropsical fluid and dark venous blood issued. The cellular tissues and serous membranes overlying heart and lungs, and stained with blood, with which also the right cavities of heart and lungs were gorged. The liver appeared to be of large size, but healthy, and was not removed for examination. The heart was much dilated, filled in the right cavities with dark blood, with no discoverable disease of the valves. The left ventricle contained a polypus, opaque, gelatinous, of light yellow color, and of a pediculated globular shape. It was about two inches in length, the pedicle adhering to the endocardium, between two columnæ carnæ, the globular portion floating loosely in the cavity. The mitral valves seemed healthy, though more yellow and opaque than usual, but perfect enough to perform their functions. The examination was confined to the condition of the right lung and heart, which verified the diagnosis made during life, viz: miliary tubercles in right lung, and dilatation of heart. The polypus seems to have originated the difficulty of respiration, which had only existed some six weeks. The intermittency of that trouble, so painfully remarkable, was, no doubt, occasioned by the impulse of the circulating fluid moving it upon, and interfering with, the mitral valve. The tubercles and dilatation were probably of much longer standing, and the case is interesting from the probable effect of the polypus.

R. HAZLEHURST, M. D.

Brunswick, Ga.

Fracture of Tibia by Muscular Contraction.

EDS. MED. AND SURG. REPORTER:

In April last, Geo. B., æt. 50, a workman in a ship-yard, in this city, in attempting to throw a heavy chain upon the staging of a vessel's deck, fractured his left tibia, two inches above the tibio-metatarsal articulation. That this fracture was caused by muscular contraction is proven by the following: No external object struck the leg; he did not fall; he was not standing upon one leg; his foot did not slip, and the fracture was very oblique.

Dressed it with wet paste-board splints and light muslin roller; and by means of the sand-bags, made extension from below and *above* the point of fracture. Very little inflammation ensued. But at the end of three weeks no union whatever had taken place. Continued the same dressings, keeping him quiet upon his back; and in eleven days more found that union had commenced.

When union of the fracture was so long delayed, as he had no cancerous or tubercular cachexy, never had syphilis, nor a bone broken before, I feared some modification of the nutritive process of the bone was the cause, and procured some of his urine,

which I had carefully examined, both chemically and microscopically, but failed to detect anything which would indicate such a condition.

Of the present condition of the bone, although there has been an unusually large deposit of provisional callus, there is no shortening whatever and no curvature, except the natural, which is perfect. J. H. NUCE, M. D.

Former member of the Faculty of the late Charity Hospital, Medical College, Cleveland, Ohio.

ORIGINAL DE

COMMUNICATIONS.

SUPPOSED CASES OF POISONING—POST-MORTEM APPEARANCES, ETC.

BY M. M. BROWN, M. D.,

One of the Coroners in and for Tompkins Co., N. Y.

Our community was much excited in March ter
cla
me
furt
part
thos
cou
th
both legs; orthopnœa; frightened, anxious expression of the face; bowels constipated; micturition difficult and painful; the dyspnœa increased with every half an hour; anodynes proved fruitless, and I saw clearly that something had to be done to save the poor woman from suffocation. On vaginal examination the os was found dilated sufficiently to admit three fingers, and no trocar being at hand, I took what I thought would answer as well—the sharp point of a probe; plunged it into the protruding bag of the amnion, and was somewhat frightened at the sudden gush of two large bucketfuls of amnion liquor. The dyspnœa and pain ceased at once; and after partaking of some stimulant the poor sufferer was willing to undergo another examination. This, after the escape of the immense quantity of water, disclosed a transversal position of the fœtus, with the head presenting on the right side of the mother. I say the head; but only after repeated explorations I arrived at the positive conclusion that the round, hard part of the fœtus was really the head. My puzzle had been caused by the fact that the head was wanting, the vault or upper hemisphere, so to say, which imparts that peculiar sensation to the exploring finger, which is experienced by the touch of the frontal, parietal, temporal and occiputal bones. But the nates and feet being felt distinctly on the left side, the round body could not be anything else but the head.

My left hand being in the cavity of the uterus, I took hold of the head, grasped it with the full hand, and brought it down easily, supporting the walls of the uterus through the abdominal integuments with my right hand. One pain delivered the child. The latter belonged to that class of monsters called "acephali." The frontal, parietal, temporal and occiputal parts of the cranium were only in a rudimentary condition, and where the vertex capitis ought to have been, there was a depression, composed of fibro-cartilaginous rudiments of the said bones.

In this case, like the one described by Dr. Cory, deformity of the fœtus went hand in hand with dropsical distension of the amnion. The books treating on this abnormal accumulation of liquid speak *also* of the frequent occurrence of fœtal deformity in conjunction with dropsy of the amnion.

Before closing, I would state that my patient made a rapid recovery, and has been in excellent health ever since. G. LIEBMAN, M. D.

Baltimore, August, 1870.

Prolapsus Uteri—What is the Best Means of Support?

EDS. MED. & SURG. REPORTER:

I have a case of prolapsus uteri, in which I find it necessary to use some internal support. I have used the ring; but either it was too small in size, or the heat of the parts softened it so as to render it ineffectual. I observe in the advertising columns of THE REPORTER that the cup supporter is highly recommended. Objections to this form of support will readily suggest themselves, as undue pressure upon the os, or insufficient support in case of procidentia threatening inversion, or necessity of removing at menstrual periods or on micturition, etc. But perhaps all these objections have been investigated and removed, by those who have used them. Will you, therefore, or some of your correspondents, enlighten me upon the subject of uterine supporters? What is the best form—stem, globe, cup, or what? It seems to me there is scarcely any subject connected with uterine therapeutics which is so little understood. Is it so, or am I behind the age in my reading? L. C. B.

Essex, Vt.

Veratrum versus Opium—Mother's Mark.

EDS. MED. AND SURG. REPORTER:

An opportunity has recently been afforded me of testing the practical value of Dr. ——'s experience, as given in your journal a few weeks since, as to the fact of veratrum being an antidote for the poisonous effects of opium and its preparations.

July 24th, at 1 P. M., I left a patient, a stout negro boy, aged fifteen, in the ninth day of attack of typhoid fever, doing well; circulation, 96. Treatment, chlorate of potassa, soda, and turpentine.

For a troublesome hiccough there was left a solution of bromide of potassium and morphine, with instructions to give one teaspoonful every two to four hours until relieved.

At 9 P. M., a messenger announced to me that my patient was dying. A few inquiries satisfied me that, a teaspoonful had been given every time he hiccoughed, until he was thoroughly soaked.

I found him breathing slowly and stertorously; pupils contracted to a point; extremities, nose, and chin cold, and bathed in that cold, unctuous, clammy sweat indicative of collapse; pulse fluttering wildly.

Here was the best case a physician ever had to test the value of a remedy. This patient must be relieved, and quickly. The mouth was prized open and eighteen drops of Norwood's tinct. veratrum given with two ounces of brandy. In one hour, by the watch, every symptom of opium poisoning had disappeared. He was wide awake and cheerful, but did not recover from the nervous prostration for 24 hours. The only after treatment added to the regular conrse, was a teaspoonful of brandy every half-hour for twenty-four hours.

He is now, to all appearances, convalescing. I leave your readers to make their own deductions.

My friend Dr. Johnson, of this county, is at this time attending for scrofulous disease a negro child, 18 months old. The right arm of this child, from the middle of the humerus to the wrist, is covered thickly with a growth so closely resembling beaver's fur, that to all intents it is beaver's fur; the skin from which it grows is to all appearance, under repeated examinations, a beaver's skin. Early in the pregnancy of the mother she had an intense longing for the flesh of some beavers, which her husband had killed and brought home. He refused to let her eat it.

E. H. Sholl, M. D.

Gainesville, Ala., Avg. 2, 1870.

News and Miscellany.

Sad Death of a Physician.

In the early part of the last week of July Dr. Carroll of Laurens county, Ga., approached the house of a patient at a late hour of the night. On entering the yard he was attacked by a fierce watch-dog, which chased him to the front porch. Suddenly aroused, the proprietor seized a ready gun, and shot the worthy physician dead.

QUERIES AND REPLIES.

Scaly Eruption.

Can you inform me, through The Reporter, of the most successful treatment, local and general, of cases of the ordinary scaly eruption attended with fissures, so often affecting the hands and arms of females—especially those who do their own washing and housework?

——, *Ohio.* A. H.

Vaginal Leucorrhœa.

I have a case of vaginal leucorrhœa of 18 months, standing. Patient, a young married lady of apparently good constitution—has never been pregnant—catamenia regular—no disease of os or cervix discoverable by aid of speculum—discharge profuse, and has not been modified or diminished in the least by any treatment used. Have treated her generally with tinct. ferri, sol. strychnia, quiniæ, ergot, bals. cop., sarsaparilla, and iodid pot. Locally by injection with nearly all the astringents usually recommended. Have applied with aid of speculum, to the cervix and walls of vagina, strong solution of argenti nitrat., tinct. iodine, and solution of sulphate morphia in glycerine, also sol. carbolic acid, and so far as discernable patient has neither been benefited or injured by the treatment.

T. H. A.

——, *Ohio.*

pediculated globular shape. It was about two inches in length, the pedicle adhering to the endocardium, between two columnæ carnæ, the globular portion floating loosely in the cavity. The mitral valves seemed healthy, though more yellow and opaque than usual, but perfect enough to perform their functions. The examination was confined to the condition of the right lung and heart, which verified the diagnosis made during life, viz: miliary tubercles in right lung, and dilatation of heart. The polypus seems to have originated the difficulty of respiration, which had only existed some six weeks. The inte[illegible]

Mercurial Suppositories.

Eds. Reporter.—In one of the medical journals, I have read in general terms, that mercurial suppositories, made by mixing mercurial ointment with butter of cocoa and white wax, have been successfully used in constitutional syphilis. Can you inform your readers in your next in what proportions the articles should be used, and how often the suppositories should be inserted?

July 16, 1870. A Subscriber.

Ans.—About six grs. of mercurial ointment is usually employed at a dose, two or three times a day, watching the effect on the gums.—Eds.

MARRIED.

Dorr—Hartzell—July 10th, by the Rev. W. Adamson, Dr. F. G. Dorr and Miss A. B. Hartzell, both of Taylorsville, Ohio.

Pownall—Wilson—July 21st, at the residence of the bride's parents, by the Rev. D. W. Stubleton, assisted by the Rev. J. B. Hough, Dr. A. P. Pownall and Miss Mary J. Wilson, all of Sand Hill, Kentucky.

Roach—Kelley—July 27, 1870, at the residence of the bride's father, by the Rev. T. G. Beharrell, Dr. John T. Roach, of Morrow, Ohio, and Miss Anna E. Kelley, of Ripley county, Indiana.

DIED.

Bullions—In Racine, Wis., July 21st, Louis H. Bullions, M. D., aged 25 years.

Pinnell—At his residence, in Belpro, Ohio, June 28th, 1870, of disease of the heart, Norvel W. Pinnel, M. D., in the 32d year of his age.

Schaffer—In Leesville, Crawford county, Ohio, June 14, 1870, Dr. Jacob Schaffer, after a severe illness, aged 57 years.

Thrall—At the residence of his son, Ottumwa, Iowa, July 26th, Homer L. Thrall, M. D., lately of Columbus, Ohio, and for many years Professor of Natural Sciences in Kenyon College.

THE

MEDICAL AND SURGICAL REPORTER.

No. 703.] PHILADELPHIA, AUGUST 20, 1870. [Vol. XXIII.—No 8.

Original Department.

Communications.

SUPPOSED CASES OF POISONING—POST-MORTEM APPEARANCES, ETC.

By M. M. Brown, M. D.,

One of the Coroners in and for Tompkins Co., N. Y.

Our community was much excited in March last over the sudden death of several persons at the residence of a respectable citizen and business man of Ithaca, N. Y. A widow, sister to the gentleman's wife, has made her home with her brother-in-law since the death of her husband, the latter having died but a few months ago. The whole affair is yet wrapped in a veil of mystery.

The common report was going the rounds, two weeks or more ago, that the patients were poisoned by eating pickles which contained verdigris, (sub acetate of copper), and another story soon became current that the poison was in molasses which had been drawn in a copper measure, used commonly for dealing out vinegar, and in this way the molasses became poisoned. Some conjectured that the well might be poisoned; others that some member of the family had mixed poison with molasses candy, accidentally, supposing they were using bi-carbonate of soda for the purpose of whitening the candy.

After learning the following facts the public opinion was materially changed:

Only four members of the family were taken sick, all coming down nearly at the same time. Two of them were the daughters of the gentleman, the eldest æt. thirteen, the youngest æt. six years.

The servant girl and niece of the gentleman's wife, æt. twenty-eight, and the daughter of her sister, æt. nine years, made up the number. The gentleman ate three of the pickles, and were not even nauseated; the sister-in-law ate freely of the molasses, and claimed that she felt a burning sensation immediately, in her stomach, which did her no further injury. Some think she is the guilty party, and feigned these symptoms to mislead those who had the patients in charge. It could not be the well that was poisoned, as all the rest of the family drank of it, and the water was used to do the cooking.

The last idea, represented as the cause of the sickness by the well members of the family (so reported), was that a thousand legged worm (millipede), which was found in the dish where the oysters were cooked which the family had for supper, was the cause of the sickness and death of the four.

Several of our most prominent physicians were called as counsel by Dr. L. H. Peck, the attending physician, and all agreed that the patients presented strong symptoms of poison, viz: vomiting, purging, almost continued nausea, pain in the stomach and bowels, palor, nervousness, and general physical prostration; no appetite, etc.

The patients were taken sick on Friday, the 4th of March, and the physician sent medicine on Sunday, but did not visit them till Monday, the 7th.

The first symptoms were not so violent as they were three or four days afterward.

Counsel was called on Wednesday and nearly every day thereafter, till the youngest child died, which occurred on the 14th.

I was notified immediately, and after the child had been dead some twelve hours I summoned a jury and four physicians, and proceeded legally to investigate the case, Dr. W. L. Wheeler conducting the *post-mortem*.

The external appearances were not unusual. There were no ecchymosed spots nor petechial patches on the integuments. No sordes on

the teeth or lips, though high fever accompanied all the symptoms till death. There were no brain symptoms, such as are known to be present in malignant fevers. The patients complained of extreme thirst, and called for cold water, ice and snow, almost constantly during the last two days of life.

The body was opened and the thoracic organs first examined. The lungs and heart were in a perfect state of health, also the pleura and pericardium.

The abdominal organs were found in a diseased condition. The stomach was much inflamed, and the walls of this organ much softened. The mucous coat was nearly all destroyed, and what remained of the villous membrane (follicular villous) was much congested, and in many places bathed in blood which had been poured out from the broken down capillaries. There was about two-thirds of a pint of black coagulated blood in its cavity.

The coats of the stomach near the pyloric orifice were entirely broken down, and one or two perforations were found, through which a portion of the contents of this organ had passed. The duodenum was also broken down, and of a dark color; the villous coat much congested where it remained intact, and was also bathed with dark blood. The rest of the intestines healthy. The liver was normal, save the gall-bladder, which was very much distended and quite black, the bile coloring matter having oozed through its walls and stained the transverse colon, against which it lay. The rest of the viscera normal, presenting a healthy appearance.

The testimony of the physicians, Drs. W. L. Wheeler, Patterson and Peck, was that the patient came to her death from inflammation of the stomach and small intestine, caused by some one of the class of corrosive poisons. The jury rendered a verdict in concurrence with the physician's evidence.

We placed the stomach and duodenum in a glass jar and forwarded them to Prof. Hadley, at Buffalo, for analysis. I received a letter from the doctor in due time, and he stated that he had been unable to find any metalic poison in the portions of the alimentary canal sent him. I have made a thorough search, through secret detectives, of the house and premises, and have been unable to find any evidence that poison has been purchased, or in any way procured, and maliciously mixed with the water or food of which the family have been partaking. Up to this date all is wrapped in mystery.

On the morning of March 23d the niece died, and in the afternoon the jury was recalled and the physicians summoned, and a *post-mortem* conducted by myself in the presence of jury and witnesses.

The appearances of the viscera were similar to the first case, but not so much congestion of the stomach and intestines, and no perforation of the coats of the stomach.

The mucous coat of the viscera just mentioned was somewhat softened and bathed in many places with pus and stringy degenerated mucus.

Verdict of jury was same as in first case.

I should have mentioned that the stomach was empty and the pericardium contained some two ounces of serum. I did not preserve the stomach nor any part of the viscera. The excitement is very great at this period, and the more thoughtless people are making rash remarks about some members of the family.

On the morning of the 25th, at 8 o'clock, A. M., the little daughter of the sister-in-law died. The people, almost frantic, cry out for something to be done by those in authority to find the guilty parties and bring them to justice at once. Everything is being done; but they fail to see it.

In the afternoon of the same day an inquest was held, and the stomach and small intestines found very much broken down and the coats all destroyed in two places near the cardiac end, as before mentioned. In many places the walls of the stomach were entirely destroyed, save the serous coat. I forwarded the stomach and duodenum, and a part of their contents, to Prof. Doremus, N. Y., for analysis.

The suspicion is so strong from conjecture and evidence, that many believe the sister-in-law to be the guilty party.

The people clamor for the exhuming of her husband's body, which was buried January 21, 1870, many conjecturing that she had poisoned him also. To-day his body was taken from the grave and brought to the town hall, and examined in presence of a jury, and no evidence of poison found. The right lung was adherent to the pleura and ribs, and strong evidences of slight pneumonia present in the whole lung. The stomach gave evidence of slight inflammation, which was attributed by the examining physician, Dr. Sackett,

to the use of spirituous drinks; at least it was his opinion that said condition of the stomach might be caused by intemperance. The liver and other viscera appeared to have been normal, and in a comparatively healthy condition when he died.

If the patients belonging to this family have been poisoned, I am of the opinion that oxalic acid has been administered. I formed my opinion from the suggestion of Dr. S. P. Sackett. The symptoms of poisoning from oxalic acid, as laid down in Dean's Medical Jurisprudence, correspond more fully with the cases examined than any other poisonous symptoms.

August 6th, 1870, Dr. Brown writes: "I have nothing further to add, save that Prof. Hadley, of Buffalo, found no traces of poison in his analysis of one of the stomachs and a part of its contents, nor in a portion of the small intestines. In his deposition he testified that it was rare to find traces of poison in the stomach and intestines after the lapse of so much time as in the case in question. The condition of the stomach and intestines is fully described in my report before you."

Prof. Doremus, of New York, has not reported on his analysis. I have been credibly informed that he has been unable to detect any poison present.

Prof. Hadley gives it as his opinion that the four persons came to their death from some poisonous substance, but what kind he is unable to state; that is, I understand him to give such an opinion. He says: "On Saturday, March 19th, 1870, I received by mail a letter dated and post-marked Ithaca, N. Y., from M. M. Brown, M. D., Coroner, stating that he had forwarded to me, by Express, (1) stomach and portion of small intestines of a child; (2) a vial of molasses; (3) two pickles; (4) pieces of hard substance wrapped in paper. On Monday, March 21st, the package containthe above articles was received in perfect condition, with the wrappings and seals unbroken."

He then states at length the process of analysis, and closes his deposition with the following language:

"I would further state that the non-detection of the above mentioned poisons is not to be regarded as *proving* that some of them may not have been taken. They are all rapidly removed from the body usually at first by vomiting, and by the action of the kidneys as long as life continues, so that if the fatal termination follows the administration of the poison by a sufficiently long interval, it is completely carried away, and no trace of it can be detected in any part of the body.

"GEO. HADLEY."

The fourth child was not submitted to a post-mortem examination. The symptoms were substantially the same as in the other cases, and the several physicians testified that she came to her death from an irritant poison. There were perforations in two stomachs, and none in the one examined in the body of Miss Porter, the young lady. The last child was sick over five weeks; no doubt died of inanition.

The case will be closed as soon as Prof. Doremus sends his report. There is no direct evidence that points to criminality. The affair was a dreadful one, and we trust another like it may never occur in this vicinity or elsewhere.

ON THE USE OF ERGOT.

By E. MICHENER, M. D.,
Of Toughkenamon, Chester Co., Pa.

Having made ergot the subject of an experimental thesis, more than fifty years ago, and having been conversant with its use since that time, I was much pleased with the perusal of Dr. BATTSON'S communication in the last REPORTER. My experience confirms much of what he has written; but the deductions drawn from the limited experience and observation of one person, in relation to therapeutic effects upon disease under every varying circumstance, must sometimes require, and should always be subject to, confirmation or correction by the observation of others.

When we consider how few medical men record their observations, and how small a portion of those records are ever published, we must be sensible that there is a vast amount of unavailable knowledge thus locked up in the note books and memories of the profession. Hence, we may expect, and often find, ideas brought up as original, and claiming priority, which had long been familiar to us.

Dr. Battson so claims the use of "*ergot for the arrest of hemorrhage before delivery*," but I find in my MS. thesis

Placenta Prævia.

"22d of third mo., 1817.—I was desired, by the midwife in attendance, to visit Hannah

Phillips, in St. Mary's alley, near Hurst street, with all possible dispatch. She was in the sixth month of her pregnancy, and for the last three weeks had suffered frequent attacks of hemorrhage. Three hours previous to my visit the flooding became profuse. When I arrived, everything was confusion and dismay; the chamber receptacle almost full, the bed deluged with blood, and the patient obviously in a state of extreme exhaustion. The os uteri was so little dilated as just to admit the tip of the finger far enough to discover the overlying placenta, and happily to allow it to plug the os and prevent the further effusion of blood. Retaining the finger in its position, I immediately gave her ten grains of ergot, which was repeated in ten minutes. In 20 minutes from its administration the uterus began to act so strongly that I removed the finger without further loss of blood. As the os dilated, I perforated the membranes through the placenta. In one hour from the commencement of uterine action the entire contents of the womb were expelled. The woman gradually and completely recovered."

After such an experience it must not be presumed that I have ever since been a stranger to the ante-partem use of ergot.

Dr. Battson says: "Under no circumstances does ergot produce contractions where they had not previously existed."

This is a sweeping assertion, and may need comfirmation. See the case below.

Again, it is not very clear when the contractions are preceded, and caused by the escape of blood into the cavity of the uterus, how the *hemostatic properties* of ergot can remove the cause—the blood effused into the cavity of the organ.

The doctor is "surprised to hear Cazeaux assert—*that the cessation of the flooding is always a necessary consequence of the uterine contractions.*" Yet he directly, and I think suggestively, asks—"may it not be explained by the *persistent* contraction which the ergot is said to produce, thus preventing, by a *continued* compression, the refilling of the uterine vessels?" This is precisely Cazeaux' explanation; only he omitted to mention, what everybody was presumed to know, that the contractions produced by ergot are more persistent than the natural parturient pains. He might well inquire—

> "The mighty difference who can see,
> Twixt tweedle-dum and tweedle-dee."

I will again recur to my MS. Thesis.

MORBID GESTATION.

"*4th of 8th mo.*, 1817.—About a month ago Phœbe Shorter, living in Green's Court, and in her eighth month of pregnancy, received a severe contusion of the abdomen, which threatened to induce premature labor, but soon passed off. She was, subsequently, attacked with great soreness, pain, and sense of weight in the abdomen; the movements of the child gave her excruciating pain; she was feverish and restless, and her mind sunk into despondency. After various ineffectual treatment I ordered her a pill containing assafœt., grs. ij., ergot gr. j, every four hours. Under this treatment her symptoms speedily subsided. But on the morning of the second day she had slight pains, like those of labor. The pills were suspended. In the evening, the pains having left her, they were resumed. On the following morning she again felt some pains, and the pills were discontinued. She remained well for six days, and was then safely delivered of a healthy child."

Appended to this case I find the following:

"NOTE.—Experience alone can determine whether the ergot can be employed to give *tone* to a debilitated or irritable uterus, which threatens to expel its precious charge. And if it be found useful in those cases, how far it may be used with safety. But judging so far as we may from perhaps the only case in which it has yet been tried, the inference seems to be that when properly used it may serve as a tonic to the gravid uterus. But much caution will be needed to prevent undue excitement, which would lead to contraction and consequent expulsion of its burden. The question is an interesting one, and deserves the attention of future inquirers."

"Will avert the danger, no matter how profuse the flooding, or how long continued." This seems to be rather strong language, even with all its provisos.

"No drug can ever induce the dilatation of the os uteri."

I have no objection to the doctor's physiological law for healthy action; but we too often find the uterus in open rebellion to it. Nor do I accept his illustration of the action of an involuntary muscle, by that of a voluntary one; the *sphincter uteri*, by the *sphincter vesicæ*.

I have elsewhere attempted to show that when the organ is greatly excited, some of the uterine fibers are often in an atonic state,

while others are spasmodically affected; and that, by restoring vigor to the one, we can relieve, in a measure, the hyperæmia of the other. When the fundus or body is inactive, and the os spasmodically closed, I have abundant experience to satisfy me that ergot, like opium, will, indirectly, at least, dilate the os. Indeed, the doctor himself endorses this view when he says: "The fundus uteri, when stimulated to powerful contractions, gradually exhausts the tension of the muscular bands of the uterine sphincter, and effects a premature dilatation." For he certainly does not doubt his own assertions, that the ergot will "stimulate the fundus uteri to powerful contractions." What becomes, then, of his *stultifying contradiction?*

In relation to the tampon, the doctor remarks:

"The irritating presence of the tampon itself within its enclosure." (*i. e.*, of the uterus.)

"The tampon being directly applied to the bleeding orifices."

"The placenta is known to cover a space of six or seven inches, and I should like to be informed whether the tampon can be applied to this whole surface at once."

I have not been an earnest advocate for the tampon, as I have always understood "the plugs of Cazeaux, Dewees, Meigs, Ramsbotham, and others," to mean *a mere filling of the vagina* to promote coagulation. But when "indiscreetly and injudiciously used" within the uterus—to the bleeding orifices—"to cover a space of six or seven inches," etc., I can endorse the hearty condemnation of Dr. Battson—"*That it becomes the most pernicious contrivance* ever inflicted upon the parturient woman." But it must be remembered we are now considering the *imaginary* plug of his own fancy, and not the *practical* one proposed by the meritorious writers he has named.

Disclaiming all invidious feeling toward the writer, I have only sought to round off a few corners, to smooth a few rough spots in his suggestive paper, and so facilitate the study of the subject.

—— It is said that Prof. Tyndall, the physicist, Prof. Huxley, the zoölogist, and Dr. Hooker, the eminent English botanist, contemplate taking a tour together in this country; but nothing positive is known about it except that they will not come this year.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

June 15th, 1870.

Surgical Clinic of Prof. D. Hayes Agnew, M. D.

(REPORTED DR. DE F. WILLARD.)

Hip-joint Disease.

Gentlemen: I have to present to your notice this morning a series of cases which will illustrate several of the stages of the disease known as coxalgia, morbus coxarius or hip-joint disease, which is a complaint too often, unfortunately, met with by every practitioner of medicine.

It is a disease of childhood; strumous in its character, many of the patients presenting unmistakable evidences of this diathesis, and, therefore, though we may not be inclined to regard it solely and strictly as a constitutional disease, yet we must always remember that its course is essentially determined, and its definite character expressed, by this constitutional condition of the patient. Its local origin or fixation may be from a slight sprain or contusion, such as would injure the ligaments and excite local inflammation, yet a similar injury would not produce coxalgia in a *really* healthy child, and we should always remember that disease may be lurking in the system even though the face wear an appearance of robustness. Such being its character, it is important that we ascertain, if possible, the joint at which the disease originates; but here pathologists are unsettled; such an opportunity is rarely afforded for its study while the disease is limited to the structure in which it commenced. Many contend that it commences as an ostitis of the cancellated structure of the head of the femur, while others hold that its commencement is a synovial inflammation.

In a few instances where death has taken place (during this early stage from other causes) the round ligament has been found to be the seat of inflammatory changes, the result of injury from accident, and from this point as a centre it is probable that the disease would have spread to the articular cartilages, and then to the bone. In some instances i does undoubtedly commence in the cancellous structures, and these are probably the cases in which caries, necrosis and abscess early occur, and call for operative relief. Ostitis is oftener met with in children under five years of age, and pain without swelling indicates its earliest approaches while the pain of synovial inflammation is accompanied with swelling and a distinct thickening of the soft parts about the articulation.

For the purpose of study, this disease is usually divided into three stages, but the division of these stages varies with different writers.

The first symptom, which often occurs after a fall

or other injury, is a slight complaint of fatigue in the joint after exercise, soon to be followed by a pain in the knee, and a tendency to drag the limb in walking. These symptoms may be scarcely noticed for weeks or months; but in course of time the pain increases, limping is decided, and there is often spasmodic twitching of the limb at night, arousing the child from its slumbers. The pain, which may be either sharp or dull, is not constant, but may shift to the thigh, the leg, or even the ankle. The explanations of this pain in the knee have been various, some attributing it to disease of the long head of the femoral muscles; others, to implication of the osseous structure; others, to tension upon the internal lateral ligament, caused by the position of the limb of which I shall presently speak; but I think the only rational explanations is in the nerve connections of the parts, and this gives an easy solution to the question, for it can be demonstrated that the obturator nerve which supplies the hip-joint, sends a communicating branch to the saphenous supplying the inner side of the knee, thus establishing a direct connection.

As the disease progresses, the pain leaves the knee, and concentrating upon the hip, becomes deep-seated and gnawing, which pain is greatly increased by the pressure of the head of the bone into the acetabulum, which head, however, still rotates smoothly in its cup. The limb is carried off from its fellow of the opposite side, and a process of external rotation takes place, together with flexion of the thigh upon the pelvis. These positions are all accounted for by the distention of the joint which is now taking place from synovial accumulation, the head being thereby lifted from its socket, since it has been demonstrated by actual experiment, which any one of you may repeat for yourselves, in the dissecting room, that injection and distention of the articulation, through the floor of the acetabulum from the interior of the pelvis, will produce precisely the same positions of the limb.

Spasmodic action of the muscles now becomes more severe, which, together with the extreme pain, tends to interfere with the sleep, and thus with the health of the child; appetite fails, and the bowels become irregular.

In this second stage there is a peculiar fluttering of the buttock, caused by a flabbiness of the gluteal muscles; and the gluteo-femoral fold, which gives, in health, so prominent a feature to this portion of the body, is now effaced, giving the appearance of continuity to the nates and thigh.

Pain upon pressure is now so great that the patient is prevented from walking, and in some of these articular cases we have a sudden accession of acute pain, which rapidly exhausts the strength of the patient, and keeps him in the greatest agony, fearful even of the approach of another person. These symptoms are easily explained; the joint is in a state of acute inflammation, and the inter-articular pressure upon these inflamed surfaces by the abnormal contraction of the muscles surrounding the articulation, must give rise to pain, and that this is the proper explanation, is proven by the fact that mechanical extension, separating these surfaces quickly, gives relief. Such pressure must take place unless artificial means be taken to prevent it, since the limb is firmly flexed by the action of these strong muscles, which are contracting spasmodically, probably as the result of reflex nervous irritation, dependent upon the anatomical fact that these muscles surrounding the joint receive branches from the same nerves which supply the interior. This inflammation may terminate in abscess or in dislocation of the head of the femur, which latter circumstance sometimes takes place, as the result of muscular action following destruction of the round ligament, in which case the severe symptoms subside simply from the release from pressure of these inflamed surfaces, but the disease often still progresses, and swelling, heat, and local discoloration soon show symptoms of forming abscess. It is during the second stage that the pelvis is tilted up upon the sound side, giving an apparent lengthening to the affected limb.

During the third or suppurative stage we often have agonizing pain, the pus pressing upon the already inflamed surfaces, and also burrowing among the tissues, and the constitutional disturbance being very great; yet this process may be insidious and painless. The site at which the pus obtains vent varies greatly in different cases. It may be in the gluteal region, near the joint, or upon the external or anterior portion of the thigh, or by perforation of the acetabulum, upon the inner surface of the ilium, and may discharge into the rectum, bladder or vagina, or it may pass forward over through the crural arch into the connecting tissue within the pelvis, or, as sometimes happens, it may pass in several of these directions. When the abscess has once opened, the discharge of fœtid pus is often continuous, since the ravages of the disease and the destruction of tissues are often extensive, at times involving the whole head and a large portion of the neck of the femur, as well as acetabulum, and sometimes portions of the pubis or ilium. Should the strength of the patient hold out, cure may take place with anchylosis, but it often happens that the sufferer yields to the exhaustive drain, or from constitutional disturbances.

Such are the prominent features of this distressing malady, which is so common that we have today some five or six cases presenting themselves at our clinic; and, gentlemen, let the study of these cases fix thoroughly in your minds the importance of a recognition of the early symptoms already

described, for it is only during the earliest stages that you have any assurance of benefit from your treatment. What then should be our leading principles in treatment? Manifestly early rest—absolute rest; not a partially enforced, but a complete quietude, together with tonics, change of air, and strict hygienic measures. In cases where the disease is simply an articular ostitis these may be sufficient without the application of any splint, but when there is also synovial irritation, then a splint becomes necessary, since every motion of the joint increases the difficulty and interferes with the reparative process.

To separate these surfaces we must then have recourse either to the weight and pully, or to Davis's splint, the patient being thus allowed to walk about after a time upon crutches. From a considerable experience with this splint, however, I must say that I do not believe it or any other splint is capable of effectually preventing these surfaces from impinging upon one another, and am confident that a complete rest in bed is far more effectual in bringing about an ultimate cure. Children will soon become accustomed to the confinement, and with proper attention to hygiene will not be injured by it. It is in this stage than counter-irritations become valuable, though some prefer simple fomentations and rest. When the disease is more advanced, and the pain constant, we are then brought to the serious consideration as to whether to adopt the plan of severe counter-irritation, as the actual cautery, or to treat the case as though it were an inflammation depending for its existence and continuance upon the presence of a constitutional debility and taint, and to rely upon absolute rest with supporting measures. I believe the latter course to be the more rational one, and to promise the best hopes of success.

When it is desirable that the patient should be allowed to walk about on crutches, we must then have recourse to the various splints, selecting the one which offers the most perfect approximation to perfect immobility. Davis's apparatus may here be of great service, or we may use the leather splint of the English surgeons, either of which often give great relief to the pain, partially by the support given to the joint and the rest ensured, and also by the bringing of the limb into a straight position, by which means contact and interarticular pressure are removed.

If the disease has gone on to the inflammatory stage, a splint will usually be required, even though the child be placed in bed; or preferably, a weight and pully, which will give greater latitude of movement without doing injury. When the pain is even of the acute excruciating kind it is often immediately relieved by extension, and this extension also does more than relieve pain, for it takes away the tendency to muscular spasm and also corrects the deformities arising from a faulty position of the thigh in its relation to the pelvis. These then are the mechanical means to be adopted, but the constitutional treatment is not second in importance, since we must ever keep the fact in view that this is not an inflammation to be treated by depressants, but that we must endeavor to sustain the system, and give her power to overcome the disease, and for the accomplishment of this purpose good food, good air, carriage riding, sea-side residence, cod-liver oil, iron, wine, etc., etc., should be constantly brought into service. Hypophosphite of lime has been highly recommended in strumous affections of the joints, being given in five grain doses in combination with iron.

During the formation of the abscess, rest should be strictly enforced; fomentations or poultices being applied when it becomes apparent that the pus is nearing the surface. In regard to the opening of this abscess, there exists considerable difference of opinion in the minds of surgeons, some preferring to allow nature to take her own course, and certainly the operation of evacuation is one which is often attended with a rapid hastening of a fatal result.

Most surgeons, however, follow the practice of opening it when it is evidently no longer possible to prevent the formation of an external orifice, since its retention may cause constitutional disturbance and greater burrowing.

The valvular incision is most common, but it affords so imperfect an escape for the curdy material that it is better to give free exit. During the subsequent suppuration and destruction of the joint, every expedient will be exhausted to keep up the strength of the patient, too often, however, in vain. Spontaneous cure, with anchylosis, is all that we can hope for.

Excision is the only operation promising any relief, and this is an operation in itself attended with many risks, and should never be undertaken except it is decided that that particular patient is better able to undergo its shock than to bear the long and tedious natural separation of the sequestra, with its constant drain of pus. No rules can be laid down for its performance, but each case must be a study of itself. The favorable indications are, a short duration of the disease, good constitution of the patient, non-involvement of the acetabulum, no luxation, and a slow progress of disease, while the opposite of these conditions would of course be unfavorable. Should the acetabulum be implicated, it should be thoroughly scraped, since otherwise, there would be a continual escape of pus, which, forming a pelvic abscess, might accumulate between the bone and the outer surface of the aponeurosis of the internal obturator muscle, and flowing into the ischio-rectal fossa externally to the levator ani,

finally discharge itself externally, constituting a variety of anal fistule; or it might burst into the rectum or bladder.

The incision for the performance of this operation is a curved one, made to suit the exigencies of the case, or following the directions of Billroth, one beginning at the centre of an ideal line drawn from the ante-sup. spinous process of the ilium to the great trochanter, and ending at a point below and behind the latter process. When the innominate bone is diseased, considerable portions of pubis and ilium have been removed by Sayre and others.

Having thus explained this disease and its treatment, let us illustrate by, and apply our knowledge to, the cases now before us.

Case I.—J. B., æt. 5 years. This is not a case of hip-joint disease, as yet; it is merely a bruise of the articulation, inflicted by a fall some days since, and now followed by pain and lameness. Pressure upon the great trochanter does not give pain, and this injury may be of no permanent importance, but from the complexion, color of hair, etc., of the child, I shall advise the mother to keep him at rest for a few days, applying anodyne fomentations, and direct her to return him to the clinic at intervals, that he may be kept under close observation.

Case II.—G. R., æt. 5 years; male. This boy's complaint commenced one year since with pain in the knee, which has continued up to the present time, being quite severe at varying intervals. He can now walk without any great difficulty, but is decidedly lame, and has a little pain with each step. The gluteo-femoral fold is obliterated, the buttock is flattened, and the pressure of the head of the femur into the cotyloid cavity gives pain, but there is no shortening. These are the prominent symptoms, and they are enough to assure us that we have here to deal with a progressing case of morbus coxarius, and I shall direct that this child be put upon its back and extension applied, and not allowed to walk or *stand* until after all signs of his disease have subsided, which may be for months, or even as long as two years. We will also give him gtt.ij. liq. ferri. iod. with f.ʒj. ol. morrhuæ t.d., and the best food which the circumstances of his parents will allow, at the same time trying the effect of counter-irritation in the shape of blisters.

Case III.—A. H., æt. 5 years; female. This child has also been a sufferer for about one year, the attack commencing after a fall, with the symptoms which I have portrayed to you, which have existed and increased up to the present time. I find that pressure upon the trochanter gives great pain; that the limb is rotated externally; that there is much tenderness and swelling about the joint; that the thigh is flexed, but that there is no displacement. An abscess is evidently forming.

This child will also be placed in bed, since it is impossible for her to bear any weight upon her foot, and this intense pain will be relieved by mechanical extension, for, as I have before stated, I do not think that any splint yet contrived will completely separate these two surfaces while the patient walks about. Constitutional treatment also will not be overlooked.

Case IV.—K. O., æt. 6 years; female. The next case is of two and a half years' duration; following measles, and having run through all the various stages, is now constantly discharging through an opening situated just below the great trochanter. You can here see the position taken by the limb in the third stage; the thigh is flexed upon the pelvis; the abductors contracted, and the foot inverted so that it sometimes rests upon its fellow.

In this case we will apply a Davis, splint, in order that the child may go about on crutches in the open air, at the same time supporting the strength by beef, wine, milk, tonics, etc.

Case V.—L. G., æt. 10 years; male. This case is of three years' duration, following a fall, and presenting all the varied symptoms of coxalgia. He has gone through first, second and third stages, and he has had the strength to resist them all, so that the sinuses have now healed, and nature has performed a cure by firmly anchylosing the remaining upper portion of the femur to the innominate bone. The pelvis is tilted, and whenever I attempt to straighten the limb, there is produced that marked peculiar bend in the lumbar portion of the spinal column.

In this case I shall simply tell this child to live in the open air. Time will no doubt effect a cure. The deformity cannot be corrected. The diet should be nutritious.

I have one more case to present to you this morning, while we are upon this subject; and though it is not a case of hip-disease, yet is of an allied nature; it is a local manifestation of a constitutional taint. It is a case of

Antero-posterior Curvature of the Spine,

sometimes known as Potts' disease of the spine. The patient is a girl of about nine years of age, and presents all the prominent features of the disease. It is characterized by a breaking down of the bodies of the vertebræ, thus protruding the spines and giving this angular deformity which you here see. This destruction of bone necessarily produces pus, which must have vent, and makes its way toward the surface, either in the back, or more commonly downward in the sheath of the psoas muscle, making its appearance below Poupart's ligament, upon the inside of the thigh, and these discharges forming a "psoas abscess."

Cure can only take place in these cases by an arrest of the destructive process, and an ossification or annealing of the disintegrated vertebræ, therefore the indications for treatment are plain: support for the system, and perfect rest for the part.

For this accomplishment of the latter purpose we will have constructed for this child an apparatus such as is now made by all surgical instrument makers, which shall take the weight of the upper extremities and head from these weakened vertebræ, thus allowing them the necessary repose and allow the child the benefit of the open air.

Medical Societies.

WISCONSIN STATE MEDICAL SOCIETY.

The Medical Society of the State of Wisconsin held its regular annual session in Milwaukee on the 15th, 16th and 17th days of June, its President, Dr. S. Marks, of Milwaukee, presiding.

After an opening prayer by the Rev. G. M. Stone, the Society was addressed by Dr. J. K Bartlett, chairman of the committee of arrangments, who welcomed it to this city, in which it has not before had a session for twenty years.

Pending the report of the Board of Censors, in reference to the admission of new members, a discussion was opened by Dr. Carley, who reported a case of what he thought to be apoplexy, following delivery, in which bleeding and purgatives were heroically resorted to, and recovery rapid.

Dr. Van Norstrand inquired if paralysis followed in the case, and receiving a negative reply, said that in his opinion the case was one of puerperal convulsions, as did also Drs. Meacher, Meacham and Brewster, who participated in the discussion, sustaining the treatment of Dr. Carley, though differing from him in the diagnosis.

The censors made report recommending for membership the names of a number of physicians examined by them, and upon this and subsequent reports of this board, there were received into the society forty-nine new members.

Reports of committees being called for, Dr. Mason, from the Committee on Surgery, read an interesting essay on the uses of Carbolic Acid.

Dr. Meacher, from the same committee, read an essay on Colles' fracture, advocating the use of an interosseous compress.

Dr. C. Linde presented an essay, being "An Historical Outline of Traumatic Surgery."

Dr. Davis read the history of a case of lithotomy in a child of 5 years, resulting in the death of the child in forty hours from peritonitis.

Dr. Armstrong read the history of a case of breech presentation at full time, in which the head of the child had actually been torn from the body by the attendants, the woman having previously had several living children. Two *doctors* had been in attendance, but had made no effort to deliver the woman with instruments, and had finally abandoned the case. The head alone was left in the pelvic cavity when the doctor arrived, and was by him delivered with the forceps and craniotomy. The woman died in 24 hours, apparently from "shock of the system alone."

Dr. Barrett read a paper detailing a case of obstetrics in which a woman was delivered of an 8 months' still born child, and in a few hours of another fœtus of the size of 2½ or 3 months. The woman had met with a fall in the early period of pregnancy, to which the doctor attributed the death of the smaller fœtus.

Dr. Mason reported a case in which, after a natural labor, he was in a few hours recalled to the case and found that a 5 months' fœtus, with placenta attached, had been expelled, but "in a mumified condition."

Dr. Coon reported a case in which a living and healthy child was born three months after the mother had been delivered of another child, also healthy and living.

Dr. Palmer mentioned a case in which a seven months fœtus was found to be entirely destitute of any trace of osseous matter.

Brief histories of other anomalous cases were given by Drs. Carley, Davis, and others.

Dr. Ferrin presented and read two papers, the first being the history of a case of enlarged prostate, and the second being an essay on trismus nascentium, in which disease the Dr. thinks the "proper pathological condition is undue pressure upon the medulla oblongata and the nerves originating from it, produced by displacement of the cranial bones, especially the occipital."

The proceedings of the society thus synoptically presented, occupied its attention during the sessions Wednesday evening and Thursday morning, and in the afternoon of that day the society, with invited guests, were, by the liberal provision of the committee of arrrangements, entertained with an excursion upon Lake Michigan.

Upon assembling again in the evening, the annual address of the President was delivered, being a review of the position occupied by the profession at the present time, as compared with its position in past ages, and urging, in view of our superior advantages, correspondingly higher attainments—claiming for medical societies an exalted position in this work, and for our own society—urging it to be "not only our duty to see that applicants for admission into it have the required qualifications at the time of admission, but that they continue to keep pace with the advancement of the profession," and that "if we would triumph over quackery, we should elevate ourselves so much above the mere pretender in medicine, that the most casual observer cannot fail to mark well the distinction between us."

Dr. Witter introduced a resolution looking to

the establishment of a medical department of the State University, which, after discussion, was laid on the table.

Dr. Cody, from the Committee on New Remedies, read an essay on the hydrate of chloral—praising it as a sedative and hypnotic, and as a safe and valuable medicine in all cases where an anodyne is required—ranks it next to opium, and is in many cases preferable to that drug—has found it "especially beneficial in a large class of nervous and delicate females, afflicted with the class of diseases known as neuroses"—has given from 5 to 15 grains as an anodyne, and from 30 to 60 grains as a hypnotic—has not, in any case, seen unpleasant effects from its use.

The paper elicited considerable discussion, exhibiting a variety of experience with the drug, mainly corroborative of that of Dr. Cody.

Dr. Palmer, having taken the medicine, found it to relieve pain and produce sleep; but the sleep was of a disturbed character, and was followed by great languor and irritability of the stomach. Had obtained no satisfactory results from its use.

Dr. Page's experience was similar to that of Dr. Palmer.

Dr. Cody also read a paper prepared by Dr. Cory, giving the history of a case of pleuro-pneumonia, in which there had been expectorated a perfect fibrinous cast of a bronchial tube (which was presented with the paper), following which recovery was rapid.

Dr. Cory presented another paper, giving the history of a case of insanity treated with bromide of potassium, with good result.

Dr. Waterhouse presented a paper on the "management of disease," the special point of which was the position of patients with reference to the law of gravitation, "an appeal for better management and less drugs."

Dr. Barrett gave the history of a case of hydrocele successfully treated by injection of chloroform and compound tincture of iodine.

Dr. Stoddard presented an essay on the "Pathology of Pulmonary Consumption," following Lebert "in denying the existence of specific tuberculosis"—maintaining that "tubercles may be produced by ordinary irritants under certain conditions, and these conditions being understood, will give us a fair field to combat their morbid tendencies."

Dr. Treat, chairman of a committee appointed at a previous meeting to secure the passage of a law legalizing dissections, reported that the committee had secured the passage of such a law, which may be found among the General laws of the State, entitled "An Act to Legalize Dissection, approved February 9, 1868."

A communication was received from Dr. D. C. Davies, regretting his inability to attend, and suggesting the appointment of a committee on Gynæcology, to report at the next meeting, which suggestion was adopted, and Dr. Davies was appointed as such committee.

Society adjourned until Friday morning, when the first business in order was the election of officers for the ensuing year. Said election resulted as follows:

President—Dr. H. P. Strong, of Beloit.

First Vice President—Dr. Darius Mason, of Prairie du Chien.

Second Vice President—Dr. A. H. Van Norstrand, of Madison.

Secretary—Dr. J. T. Reeve, of Appleton.

Corresponding Secretary—Dr. R. D. McArthur, of Milwaukee.

Treasurer—Dr. J. T. Reeve, of Appleton.

Drs. J. K. Bartlett, H. Van Duzen, and L. J. Barrows were reëlected as Censors.

Dr. Van Duzen reported an extremely interesting case in which, on making a post-mortem examination, there was found no trace whatever of the left lung, its cavity being occupied by a number of small, irregularly shaped pieces of bone, which were exhibited. The other lung was healthy, and there was no trace of disease elsewhere.

Dr. Dalton, who also knew of the case, stated that the man had been a sailor, and that many years before his death he had sustained a fall, injuring that side.

Dr. Bartlett presented an essay on "Intra-uterine Medication," which, in consideration of the lateness of the hour, was referred to the Committee on Publication, as was also a paper by Dr. Armstrong on "The Constitutionality of Disease," and one by Dr. Brewster on "Criminal Abortion."

Dr. Bartlett offered a resolution, which was adopted, empowering the Board of Censors to meet three days prior to the meeting of the society, for the examination of applicants for membership.

Resolutions of thanks to the officers of the society, to the committee of arrangements, to the physicians and citizens of Milwaukee, and to the press were then adopted.

Dr. Manley presented the history of a case of opium eating, in which persistance in the use of the drug had not produce a necessity for an increase of its dose, and in which a cure was effected by the use of quinine, and gradually diminishing doses of tr. opii.

Dr. Johnson read an essay on torpid bowels, condemning the too common use of purgatives, and particularly commending the use of Graham bread.

The following named gentlemen were elected as delegates to the next meeting of the American Medical Association:

Drs. Waterhouse, Marks, H. Vandusen, Wright, J. K. Bartlett, Reynolds, Strong, Reeve, D. C.

Davies, Whiting, Wolcott, Treat, J. Johnson, Van Norstrand, Mason, Russell, Faville, Burroughs, Fuller, and Dickerson.

The standing committees for the ensuing year were announced as follows:

Arrangements.—Drs. Marks, Johnson and Fuller.

Surgery.—Drs. Marks, Mason and Dalton.

Practice.—Drs. Whiting, Page and Manley.

Obstetrics.—Drs. J. K. Bartlett, Ferrin and Armstrong.

Pathology.—Drs. Van Norstrand, Thorndike and Stoddard.

New Remedies.—Drs. Faville, Russell and Waterhouse.

Medical Education.—Drs. Wight and Whiting.

Diseases of Eye.—Dr. E. W. Bartlett.

On motion the Secretary was directed to furnish a synopsis of the proceedings of this convention for publication in the MEDICAL AND SURG. REPORTER, Philadelphia, and in the *Chicago Medical Examiner.*

Society adjourned to meet in Milwaukee on the third Wednesday of June, A. D., 1871. J. T. R.

OHIO STATE MEDICAL SOCIETY.

Vaccinal Syphilis.

PART OF REPORT ON VACCINATION, BY WM. B. DAVIS, M. D., OF CINCINNATI.

Over seventy years have elapsed since the introduction of vaccination by Jenner. The majority of the population of the civilized world have been vaccinated. If the vaccine lymph will convey constitutional diseases, other than vaccina, its wide-spread use during these seventy years will show a large increase of constitutional affections.

A careful examination of the record for this period does not show that there has been such an increase. On the contrary, statistics, according to Farr, Greenhow, and others, prove that scrofula and other constitutional diseases have diminished, and that the average duration of life has been extended since the introduction of vaccination.

The *British and Foreign Medico-Chirurgical Review*, for January, 1869, makes the following statement, page 126: "It can not be disputed that the average tenure of life has been lengthened by vaccination, and that a most horrible and disgusting disease (which, where it did not kill, often rendered its victim blind or deaf, and generally hideous for the remainder of life), has been well-nigh exterminated."

Niemeyer, of the University of Tubingen, in his recent work on Practical Medicine, says on page 553, vol. II: "All objections to vaccination, even if well founded, would have to give way to the facts proved by statistics, that in the last century one-tenth of the population died of small-pox (about 400,000 people dying of the disease every year in Europe), another one-tenth were disfigured by the disease; and that since the introduction of vaccination the general mortality is less, and that of small-pox is reduced to a minimum."

There are certain cutaneous eruptions which follow the operation of vaccination, just as they may follow teething, or any other slight constitutional disturbance. Mr. Paget pointed out this fact twelve years since, when he wrote that "multitudes of children are naturally predisposed to the commoner eruptions, and that vaccination is only one of many trifling constitutional irritations, which might have precipitated the first appearance of such eruptive diseases. And more recently Niemeyer, in his Practical Medicine, says: "We know that blisters and other irritants to the skin not only induce inflammation at the point of application, but also increase the predispositon to other cutaneous affections. Many children who have never previously suffered from any exanthema, are affected for months with moist eczema of the face, after having their ears pierced, as well as after vaccination."

Vaccine lymph, when long exposed to air and moisture, will undergo the same putrefactive changes that any other animal matter does when similarly exposed; and if inserted in the arm of a subject, will produce the same effects that any other putrid matter will produce. When erysipelas or pyæmia follow the use of decomposed lymph, the vaccine is not at fault, but the vaccinator, who has been criminally careless or criminally ignorant.

The advocates of transmission, however, do not press these minor points, and seem, indeed, to have abandoned their claim for the transmission of all constitutional diseases but that of syphilis. Upon this one disease they rally their full strength. I shall, therefore, now invite your attention to the consideration of the possibility of engrafting syphilis by means of Jennerian vaccinnation.

It is a fact worthy of notice, that a large majority of all the reported cases of vaccinal syphilis have occurred in France and Italy. In England, where vaccination is more systematically pursued, and where the official inspection, to which it is subjected, would render the escape of any abnormal development impossible, there are but a very few cases reported.

Whether or not syphilis, independent of vaccination, is more prevalent in France and Italy than other countries, is a consideration of some moment in its bearing on this question. An affirmative answer might suggest a satisfactory solution of vaccinal syphilis, so far as these two countries are concerned, without implicating the vaccine lymph.

According to Paget, the transmission of syphilis by means of vaccination is opposed by pathological considerations. Such pathologists as Rokitansky, Skoda, and Hebra, maintain that the insertion of a

matter containing the virus of two different contagious affections is followed by the production of but one disease. That is, if the matter used be a mixture of syphilitic and vaccine virus, either distinct syphilis or distinct vaccinia is the result; not both of them.

It is opposed by direct experiment. Lymph intentionally taken from vaccine vesicles on syphilitic subjects produced only vaccination.

M. Delzenne recently reported in the Imperial Academy of Medicine, Paris, that in 1865 he had inoculated himself twice with vaccine from syphilitic subjects, and the result was negative. In September, 1866, he vaccinated a syphilitic patient, 21 years old, "who had numerous ulcerated, hypertrophied papules in vulva and perineum, a general papular eruption over body, and mucous patches in mouth and throat." On the eighth day he vaccinated himself in four places with the virus from this patient, and the result was negative. He also, at the same time, vaccinated seven females (free from syphilis) with the same lymph. The effect, so far as syphilis was concerned, was entirely negative—four responded perfectly to the vaccine.

M. Bourguel reported twenty cases whom he had vaccinated with lymph from the arms of two syphilitic subjects, and the result was negative for syphilis. M. Guerin reported fifty-five experiments, combining all the characteristics of scientific experiment, which responded negatively to the artificial production of vaccinal syphilis.

These confirm the experiments previously made by Cullerier, Taupin, Heim, and others.

If, however, the matter from a chancre be accidentally or intentionally inserted in the arm of a patient, it will produce syphilis, but the lymph from a vaccine vesicle on the arm of a syphilitic subject will only produce vaccinia, just as the lymph from a vaccine vesicle on a patient who is broken out with the small-pox (the vaccination having been performed too late for protection), will only produce vaccination, while the pustules by its side will produce small-pox.

It is opposed by the experience of the greatest vaccinators and syphilographers. West, with an experience of 26,000 vaccinations; Marson, with 40,000; Sir W. Jenner, with 13,000; Seaton, with 50,000; Tomkins, with 50,000; Perkins, with 40,000; Loines, with 200,000; Clendenin, with 16,000, and many others who might be named, have never met with a case of vaccinal syphilis.

The following question was addressed by Mr. Simon, in 1856, to the most distinguished medical gentlemen of Germany, France, and Great Britain: "Have you any reason to believe or suspect that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous, or other constitutional infection to the vaccinated person?" Near six hundred replies were received, and they were almost unanimously in the negative. Among whom were Paget, West, Marson, Tomkins, Acton, Lee, Parker, Chomel, Bright, Watson, and Brodie.

A large proportion of the reported cases of vaccinal syphilis rests upon insufficient or defective evidence, and the remainder may be reasonably accounted for, without compromising the vaccine, on the grounds (1) of the influence of prevailing diseases; (2) a cachectic diathesis, and (3) latent constitutional syphilis.

Vaccinal-syphilis had but few advocates, either in or out of the profession, until the so-called epidemics of "Rivalta," in 1861, and subsequently of "Auray" (provinces of Italy and France) made their appearance. These epidemics aroused the attention of the profession, and led to a thorough investigation of the causes which produced them.

Concerning the "Rivalta" cases, Ricord says: "For our part, an attentive perusal of the documents of the case has led us to the same conclusion as Dr. Abertetti, who exonerates from all blame the vaccination in question." With reference to the Auray epidemic, Dr. Anstie, in the *Practitioner* of November, 1869, says: "Upon the whole evidence we say, decidedly, that it is not proved that the epidemic of Auray was an epidemic of syphilis at all, far less that it was an epidemic of vaccine-syphilis."

Dr. Seaton calls attention in his *Handbook* to the fact, that long before vaccination was heard of, Astruc recorded epidemics of syphilis, which were to the full as disastrous and as unaccountable as that of Rivalta.

In the recent discussion in the French Academy, M. Depaul, Director of Vaccination, reported a large number of cases of vaccinal syphilis as having occurred in the arondissements of Lorient and Vannes.

M. Fouquet stated that there were other vaccinations in those districts with accidents analogous to those reported by M. Depaul, viz: highly-inflamed pustules, large deep ulcerations, abundant eruptions, etc., but that these accidents had not an impure origin, and presented nothing suspicions, although the characters noted by him had the greatest analogy with those reported syphilitic by M. Depaul. M. Guerin asserted that the explanation of these cases of M. Depaul, was to be found in a general erysipelatous diathesis prevailing in those departments. He called attention to the fact that any local irritation would develop a latent constitutional taint, and said that *vaccination would not be a port of entry for syphilis, but a means of exit.* In support of the assertion, that prevailing diseases modify vaccinations and produce suspicious sores, he referred to the work of M. Lalagade, Director of Vaccinations of Tarn. On May 25th he vaccinated ninety-five children with lymph from a healthy

child. On June 6th a number of them were found in a sad condition, "the skin was of a deep red, with erysipelaotus aspect, vaccinal pustules very large and grayish white, black crusts all over the body, except the soles of the feet, and on the genital organs; one was covered with red patches, similar to measles, another had, the day after the vaccination, large bullæ filled with serum." There was, also, an epidemic of pemphigus complicating the inoculations. On inquiry into the public health in the neighborhood, he found erysipelas, diphtheritic anginæ, malignant pustule, wounds with sanious bases, and numerous cases of pemphigus. On April 10, 1869, he adds: "I am happy to say that to-day none of the children who were vaccinated May 25th, 1868, bear even a doubtful trace of syphilitic disease, and that none of them had undergone specific treatment.

M. Guerin concludes, on this point, by observing:

1. That vaccinal syphilis, up to this time, fails in the majority of points which would support a belief in such an origin.

2. That experiments instituted to determine the possible inoculation of vaccinal inoculation of vaccinal syphilis, are quite contrary to the doctrine of syphilitic vaccination.

3. That among a large number of alleged facts of vaccinal syphilis, most, if not all, belong evidently to another order of pathological influences.

And further along in the discussion he asserts that the causes which are likely to vitiate vaccine, and give it the false appearance of syphilis, are of a nature to exercise their influence equally upon human and animal vaccine. These causes, foreign to the vaccinifer, are either exterior to the subject vaccinated, or inherent in his constitutional state—both more or less susceptible of being determined, prevented, or combatted.

I recently addressed a letter to Dr. J. K. Barnes, Surgeon General U. S. Army, asking him if there was any evidence on file in his office which reported the existence of any vaccinal syphilis among the 2,000,000 of soldiers who took part in the late American war. In reply, he very kindly wrote: "That quite a number of papers are on file in this office bearing on the subject of foul ulcers following vaccination, and supposed by some to be due to the contamination of the matter employed with syphilitic virus. I have made a preliminary examination of these papers, and have arrived at the conclusion that their general tenor is directly opposed to this supposition."

Prof. J. Jones, of New Orleans, has published a paper on "Spurious Vaccination," based on materials furnished by the Confederate Army. His conclusions agree with those of the Surgeon General in exonerating the vaccine from blame, and referring the foul ulcers which attended vaccination in the army to the fatigue, exposure, uncleanliness, insufficient and improper diet, etc., incident to a soldier's life, which resulted in a cachectic diathesis.

Wm. Clendenin, M. D., Medical Director of Hospitals U. S. A., at Nashville, during the late war, and at the present time Health Officer of Cincinnati, has furnished me a report of his views on vaccination. His experience and opportunities for personal inspection of the ulcers, and so-called cases of vaccinal cases of syphilis, which followed vaccination in the United States Army, were so great that his views concerning them will be of value. His conclusions fully accord with those above expressed.

In reply to my inquiry, Dr. Seaton, in his letter of April 9th, writes: "I am not aware of any fresh cases of alleged introduction of syphilis by vaccination with humanized lymph, since I published my book, but curiously enough there has been discussion lately in France on some cases of syphilis in children who had been vaccinated with animal lymph. Of course, the syphilis was a latent syphilis, and the vaccination could have nothing to do with it except, perhaps, to hasten its evolution; but the cases are instructive, and point, in my opinion, to the explanation of all the alleged cases of vacino-syphilitic inoculation with humanized lymph, except those in which there was downright carelessness and mixture or substitution of viruses."

This opinion of Dr. Seaton is supported by M. Guerin's terse assertion in the Academy, that 'Vaccination is not a port of entry for syphilis, but a means of exit;" and by the *Medico-Chirurgical Review*, January, 1869, which says, "It is not the vaccination, but the parentage that is at fault."

I will close this section of my report by quoting the declaration of Dr. Anstie, in the *Practitioner*, of November, 1869: "*Vaccinal syphilis is a bug-bear and a phantom.*"

Death of a Russian Lady from Glanders.

The *Court Journal* publishes the following:

The awful death of Madame Palesikoff, one of the most charming amongst all that bevy of charming Russian ladies who sometimes gladden the winters of Paris, has created a terrible shock amongst the circles she so lately embellished by her presence. The unhappy lady left Paris but a short time ago on a summer tour to Germany. While stepping from the door of the opera house at Berlin, to gain her carriage, she let fall one of her bracelets close to the pavement. Stooping to pick it up, she noticed at the time, laughingly, that "one of the horses belonging to a carriage standing at hand had dropped his head so close to her face that he had touched her, and left a moist kiss upon her cheek." In a few days the unfortunate lady was taken ill with that most horrible disease, glanders, and in a few days more breathed her last, in spite of the attendance of the first physicians of Berlin, and every resource to be obtained by wealth or by the ceaseless vigilance of friends.

Editorial Department.

Periscope.

The Treatment of Pneumonia.

Dr. J. Hall, in the *American Practitioner* says: In the first or congestive stage of pneumonia in plethoric subjects, in healthy, non-malarial districts, blood-letting is a valuable therapeutic agent; but in the second stage, and in malarial regions, as a rule, it is hazardous. I have not practiced blood-letting nor used tartar emetic in the treatment of pneumonia for ten years, because we have other therapeutical agents that answer better, and are attended by none of the dangers incident to the use of these agents. Veratrum viride and digitalis are the remedies upon which I rely to control the undue action of the heart and arteries. In the early stage of the disease, in robust subjects, after moving the bowels with a mercurial purgative, I give Norwood's tincture of veratrum in four-drop doses, with ten grains of nitrate of potash, and from a fourth to a third of a grain of morphia, every four hours, increasing the tincture two drops every dose until the pulse is reduced to sixty-five a minute, or nausea and vomiting occurs. I then reduce it to four drops, and continue it until the active stage of the disease has passed by; then I stop the veratrum, but continue the nitrate of potash, with from one to two grains of opium and half a grain of ipecac.; and where there is a tendency to asthenia I add two grains of quinia to each dose. Under this treatment, frank, uncomplicated cases of pneumonia have seldom failed to terminate by resolution in from six to twelve days. But in some cases it has failed, and the fever has continued, with derangement of all the secretions, and complete hepatization of a portion of the lung tissue. In such cases I have derived great benefit from the use of mercury, digitalis, and opium, with free vesication over the diseased lung. I usually give one grain of calomel, with two grains of digitalis and one of opium, every four hours, and continue until resolution is established, or the constitutional effects of the mercury are manifested. I then discontinue the mercury and add two grains of quinia to each dose, and continue until the febrile excitement is controlled.

In asthenic pneumonia of old or delicate subjects, after opening the bowels with castor-oil or Epsom salts, I usually rely upon digitalis, muriate of ammonia, and opium. I give from one to two grains of digitalis, in substance, with ten grains of muriate of ammonia and one grain of opium, every four hours, and continue until the febrile excitement is controlled; I then stop the digitalis and add two grains of quinia to each dose, and continue until convalescence is established.

In certain districts pneumonia is often complicated with malarial fever, and is characterized by marked remissions and exacerbations. In such cases I found a combination of quinia, digitalis, and opium to answer admirably. I usually give five grains of quinia, with one or two grains of digitalis and one of opium, every four hours. In most cases this course meets every indication, and from my observation they terminate more favorably, and in a shorter time, than uncomplicated cases. I seldom use purgatives in the treatment of pneumonia after the bowels have been once thoroughly evacuated; and if necessary to open them again, I prefer saline laxatives.

Stimulants are seldom necessary, and I think are often injurious if given in the early stage of pneumonia. In the advanced stage they are valuable, and in many cases indispensable. I prefer carbonate of ammonia and brandy to all others. Nourishment is an essential element in the treatment of all protracted cases, and milk is to be preferred to all other articles of diet.

The local treatment of pneumonia is of considerable importance, especially in pleuro-pneumonia, and all other cases attended by much pain. I generally rely upon cupping and sinapisms; if they fail to afford relief, I inject a solution of morphia under the skin, over the seat of pain; from a fourth to half a grain is sufficient. The inhalation of chloroform is also efficacious in such cases, and not only relieves the pain, but mitigates the fever, and I am inclined to think facilitates resolution of the inflammation. Warm applications are valuable in all cases, and should always be used when more active measures are not deemed necessary. In the advanced stage of the disease, when resolution is tardy, and effusion of serum takes place in the chest, I resort to free vesication. I have applied the tincture of iodine with very good effects in mild cases, and especially in the pneumonias of children—painting the entire walls of the chest two or three times a day. I have also used a liniment, in the cases of children and delicate females, composed of olive oil, turpentine, and ammonia.

Expectorants, as a rule, are not advisable. I never use them, except in the advanced stage of the disease, when the bronchial secretion is deficient and the cough troublesome. The position of the patient

should be frequently changed in protracted cases, especially in children. Ventilation of the sick-chamber should be thorough, and the temperature uniform at about sixty-five degrees Fahrenheit.

Reproduction of Bone.

At a meeting of the Medical Society of the County of New York, (*Medical Record*), Dr. Wm. R. Whitehead read a paper on this subject. Assuming that the conditions which regulate bone growth, could we fully discover them, would be found as constant in their action as those which govern the phenomena of inorganic nature, the speaker proceeded to give his views of the true method of investigation to be pursued, and to review the history of opinion upon the subject of osteogenesis, touching also upon the general history of experimental research in medicine and its cognate sciences. It was important to seek for the minor laws that modify the working of the more general ones, producing perturbations which, whether seen in the growth of a cell, in the formation of a crystal, or in the motions of a planet, will prove, when these laws are discovered, to be not fortuitous, but regular. And to aid in these researches, it was important to bring the results of a broad generalization to bear upon each limited department of study.

To Duhamel, in the last century, when France was the theatre of the highest intellectual activity, was due the discovery of the property of the periosteum to reproduce bone. The theory suggested by his studies in vegetable physiology he established by experiment. It was opposed by his cotemporaries, and rejected by Bichat and Scarpa, who for a time held almost undisputed sway over medical opinion. Later, Dupuytren admitted the action of the periosteum in forming the "provisional callus;" but it was only about a century after Duhamel's discovery that it was forced into general recognition by the efforts of many investigators, prominent among whom was Flourens. At present Sédillot is the leading opponent of the doctrine that the detached periosteum has the power to reproduce bone, maintaining that the only way of insuring regeneration, in cases of necrosis, is to scoop out (*évider*) the bone in such a manner as to leave its outer layer still adhering to the periosteum. He has been ably refuted, and the efficacy of subperiosteal resection fully established by Holmes and many others. Among the surgeons in this city whose experience upon this point would seem to be conclusive, may be mentioned Dr. James R. Wood.

But the repair of bone is not left dependent upon the periosteum alone. The medullary tissue has a similar power, which, as Goujon has conclusively shown, it may exhibit after transplantation into vascular parts, especially in early life, when it contains an abundance of calcareous salts. But it is far less likely to produce bone than is the periosteum, under similar conditions, and the bone produced is soon absorbed, while that originating from periosteum is apt to be permanent. As to the so-called medullary membrane, or endosteum, its functions, whether of reproduction or absorption, cannot be regarded as settled; and indeed its very existence is in dispute.

Although the medullary tissue stands next to the periosteum in osteogenetic power, yet it shares this with nearly all cellular and fibrous tissues, and even muscular tissue may become ossified under favoring conditions. These conditions would seem to be chiefly long-continued or repeated irritation, in connection with "a perverted assimilation of the calcareous salts of the blood." The presence of some of the proper osseous tissues in a state of irritation is also regarded by Ollier as conducive to ossification of the neighboring parts.

The effort to obtain reproduction of bone by transplantation of periosteal flaps (as distinguished from subperiosteal resection), so successful in many of the experiments upon animals, has not commonly met with the same success in man. Still, its satisfactory results, under good conditions, are sufficiently numerous to warrant its recognition as an important surgical procedure, likely in the future to receive a wider application. At present, perhaps the best illustrations of its value are to be seen in Langenbeck's operation for closure of cleft of the hard palate, known as muco-periosteal aranoplasty. The speaker had—in two cases of this operation which he had published—convinced himself that the cleft in the palate might thus be closed by a growth of new bone.

In conclusion, Dr. Whitehead related three experiments of subperiosteal resection which he had made upon rabbits, and exhibited the specimens, showing their results.

Dr. J. C. Nott said, that some thirty years ago Dr. Toner, now of California, then a young man commencing practice, had published several cases of onychia, in which he had removed the phalanx, leaving the periosteum, and obtained a reproduction of the bone. Impressed by these cases, the speaker had himself followed this practice ever since, and with success. He had heard that old Dr. Dudley was accustomed to treat onychia in the same manner. In a case of necrosis of the upper jaw he had, in removing the bone, left its periosteum in situ, and the bone was regenerated.

Dr. Sayre had from his earliest practice removed phalanges in the manner above described, which he had been taught by Dr. Dudley. It was very important, in such cases, to dress the finger, during the process of healing, so as to preserve its normal shape, otherwise the nail would become hooked over, or some other deformity result. One of the speaker's

sons had smashed his finger throughout its whole length, so that at first amputation seemed unavoidable. But by careful preservation of all the periosteum almost complete reproduction of all the phalanges was secured, and the finger was now serviceable, though somewhat shorter than its fellows. The doctor had resected subperiosteally four and one-half inches of the femur of a young man. The bone was completely reproduced, the limb equal in length to the other; and the lad had last winter won a prize in a skating match.

Dr. Chadsey related a case of necrosis of the entire tibia, which was removed as a sequestrum new bone having formed around it firm and serviceable, though at first large and misshapen. It gradually became reduced to about the natural size. A patient of his had been kicked by a horse above the eyebrow, severely comminuting the outer table. In removing the pieces of bone, the periosteum was left attached to the skin; and the lost bone was restored with no depression or deformity.

Dr. Bibbins referred to two cases of necrosis of the lower jaw, from gangrenous stomatitis in children which had come under his care at the Nursery Hospital, Randall's Island, in 1850. In one of them he had resected the bone from the canine tooth to the angle of the same side; in the other, from the canine tooth to the angle of the opposite side. The periosteum was carefully left in both cases, and in both the part removed was reproduced, though of course without teeth or alveolar process.

Early Use of Anæsthetics.

Sir JAMES Y. SIMPSON, in a letter to Dr. Bigelow, Sr., of Boston, published in the *Medical Times and Gazette*, January 22, 1870, refers to the various sporific vapors and measures employed by different olden surgeons in Greek, Roman, and mediæval times, with the view of rendering their operations painless to the patient. The idea of making a patient anæsthetic before subjecting his body to the knife or cautery was a kind of knowledge familiar even to non-professional writers of mediæval and of later times, and some theological writers—like Origen, for example, in the third century*—allude to the artificial production of anæsthesia in surgery as a well-known practice; while in reference to Scotland he cites the Abbot Bower, who lived and wrote about the year 1400, within ten miles of Edinburgh, as telling by what means the anæsthetic surgery was accustomed to be affected in those days, and what they gave to patients— '*secandi, ut possent sine dolore secari*;" and he adduces the monk Joccline as alluding, with circumstantial details, to an alleged instance of it in the hagiology of Scotland as early as the sixth century.

* In the proceedings of one of the councils of the English Church held at Exeter in the year 1287, the statement of Origen is cited—"Origenes et dicit—'Quando volunt medici incidere aliquos, vel urere, dant eis bibere aliquem potum, qui facit eos profunde dormire, ita quod amentes fiant, et sic non sentiant.'" (See Wilkin's *Concilia Magnæ Britanni æ et Hiberniæ*, vol. ii. p. 162).

Reviews and Book Notices.

NOTES ON BOOKS.

The Valedictory Address to the Graduating Class of the National Medical College, at Washington, D. C., delivered March 2, by Dr. JOHN ORDRONAUX, Professor of Physiology and Medical Jurisprudence, is in advance of productions of its class, in many respects. It conveys to the graduate words of encouragement and warning, clothed in chaste, beautiful, and sometimes almost "classic" language. What Dr. Ordronaux writes, is generally worth reading.

We have received the ninth faciculus of vol. 3, of the Transactions of the New York Academy of Medicine, (pp. 32) containing some Clinical Observations on the Malignant Disease of the Uterus, by FORDYCE BARKER, M. D.

Announcements are on our table of: 1. The National Medical College, Washington, D. C., 49th session, 1870–71. Session of 1869–70, Matriculants, 70; Graduates, 12. 2. Medical Department of the University of Wooster, Ohio, (late Charity Hospital Medical College, of Cleveland, O.,) 8th (?) session, 1870–71. Session of 1869–70, Matriculants, 49; Graduates, 25. 3. Woman's Medical College of the N. Y. Infirmary, session 1870–71. Session of 1869–70, Matriculants, 26; Graduates, 5. This college has a full and able corps of professors. 4. The Philadelphia Dental College, 7th session, 1870–71. Session of 1869–70, Matriculants, 74; Graduates, 41.

Adulteration of Food and Drugs.

Instances like the following give some conception of the extent to which adulteration is carried: A few miles south of Augusta, Ga., is a bank of peculiar clay called "kaolin." It is perfectly white, remarkably fine in grain, and free from silex. It is admirably adapted to the manufacture of the finer grades of hardware, such as porcelain, and is also useful in the manufacture of wall paper. As it is quite tasteless, however, it forms an excellent means of adulteration for soda, cream tartar, calomel, white lead, flour, and pulverized sugar. A prominent druggist who has experienced the adaptability of the clay for this purpose, lately visited the mine, according to a local paper, and offered to take the whole annual product, amounting to 700 or 800 tuns, at prices above what it is worth for legitimate purposes. Such facts show very plainly that when people are too fine to use any but white sugar and white flour, and to poor to pay a high price for these arcticles, the result is sure to be adulterated articles.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 20, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

YELLOW FEVER AT QUARANTINE.

Several cases of yellow fever have occurred at Quarantine, in this city, an occurrence so rare as to cause some excitement, which has been intensified by sensational articles in some of our newspapers, a specimen of which may be found on another page.

Although this city is not in the best sanitary condition, and though there seems to have been a good deal of carelessness about allowing communication with the infected vessel, we do not think there is ground for excitement. It is noticeable that most of the victims of the disease were persons on or near the Quarantine grounds, where, in consequence of the overflow of the meadows for several months past, malarial diseases had been prevailing.

The alleged facts, as published in the newspapers of the 9th inst. are, that on the evening of the 29th of June the barque "Home," from Black river, Kingston, Jamaica, arrived in the Delaware off Quarantine. She had a cargo of logwood consigned to this city, and it being reported that the Commander, Captain Phillips, had died of a malignant fever off Cape Hatteras, she was detained, and anchored off the "Lazaretto."

While here, several lighters were engaged to take the logwood which was discharged from her. Some filthy old rags, which were stored in the hold, were taken therefrom and burned on the Quarantine wharf. This is now more than a month since, and a few days afterward the yellow fever made its appearance, both among the officers and crew of the vessel and the people living on the bank of the Delaware close to the "Lazaretto." Some attributed the disease to the burning of the rags, and others to the logwood which was being discharged.

The barque was very filthy, and during the passage some of the logwood became very wet and foul, and in this way it is surmised that the seeds of the disease were developed. Be this as it may, it is very certain that the disease was brought by the vessel, from whence it spread itself beyond the locality in which it originated to points many miles distant, as facts which have been developed plainly show.

Several deaths have been reported from a malignant fever, traceable directly or indirectly to this vessel. Among them we notice the name of the Lazaretto physician, Dr. Wm. S. Thompson, who died on the 10th inst.

It does not, of course follow, because cases

of malignant fever occur which can be traced to a filthy vesssel that the disease is yellow fever; yet there would seem to be little doubt that some cases of true black vomit have originated from this vessel.

A careful investigation by physicians detailed by the Board of Health shows that there are no cases of yellow fever in this city, and therefore there is no cause for alarm on the part of the citizens.

But the lesson, we hope, will be heeded. It is undeniable that a filthy vessel arrived at our quarantine recently, and that several lives have been lost, and among them that of the quarantine physician, by yellow fever traced directly to that vessel. It would seem, too, that little or no care was taken to isolate the crew or cargo, but that the former were allowed to go where they pleased, and the latter was, without being properly disinfected, broken up, and a portion of it transfered on lighters to this city.

Our authorities should also take warning, and have the city put in the best possible condition to resist the approach of malignant or contagious disease of any kind. Should yellow fever break out among us, the city is not in a condition to successfully combat it, and it might rage almost uncontrolled here for weeks before we could expect succor from the occurrence of frost.

Our city is not in a good sanitary condition, and the heavy mortality of the past few weeks we are compelled to attribute, in part at least, to the filthy condition of some streets and localities that ought to have been cleaned before the warm weather set in.

The following extract of a letter from Dr. Wm. B. Ulrica, who had charge of some of the patients, will convey a correct idea as to the extent to which the disease prevailed. Dr. Ulrica having been a resident of Louisana, has had considerable experience with the disease:

"There have been about twenty cases of yellow fever, thirteen of which have proved fatal, and not more than two or three of the remainder are out of danger. The mortality may safely be estimated at seventy-five per cent. In New Orleans thirteen per cent. is the largest I ever knew, and ten per cent. is about the average mortality there. This fearful state of affairs certainly demands prompt and decided action on the part of the Board of Health. The hesitating policy which has delayed action in the taking of proper measures to prevent the spreading of the disease into the country along the river shore will not keep it out of Philadelphia, where the same rate of mortality will destroy tens of thousands of lives."

Notes and Comments.

Wanted.

☞ We are very much in want of The Reporter of the following numbers and dates: Nos. 670 and 672, January 1st and 15th, 1870; and No. 701 for August 6th, 1870. Any of our subscribers who do not file their journals will confer a great favor by letting us have those copies, *particularly the last*—for which due credit will be given.

Appointment.

We learn that the Governor has appointed Dr. J. Howard Taylor to fill the vacancy as Lazaretto Physician for the port of Philadelphia, to fill the vacancy occasioned by the death of Dr. Wm. S. Thompson. This is a good appointment.

American Pharmaceutical Association.

This association holds its 18th annual meeting in the City of Baltimore on the second Tuesday (the 13th day) of September next.

Medical Service in the French and Prussian Armies.

In answer to inquiries on the subject we would say that those desiring to obtain service in the French or Prussian armies should make application to the ministers of those nations respecitively, at Washington, either direct or through a consul in in one of the large cities. The application should be accompanied by testimonials from or reference to a member of Congress, or other well known public man.

Surgeons for the Prussian Army.

Since the opening of the war, twenty-one surgeons, mostly German, have sailed from New York for service in the Prussian army. Count Von Thiele, Prussian Under Foreign Secretary, states that the authorities at Berlin object to any surgeons who do not speak German; also, that there is an abundance of nurses.

Physicians' Fees and Coroner's Inquests.

Sometime since the medical society of Camden, N. J., passed a resolution binding its members to a determination not to hold any *post mortem* examinations at any inquest, or by virtue of any order of the Courts of Camden county, until the Board of Chosen Freeholders shall allow the new rate of fees which the Society has adopted, which ranges from $20 to $50. The Board has made a uniform rule to pay $10 for such examinations. A communication from the Secretary of the Society to the Board, stating their resolution, was received and filed, and no further action taken.

We would like to hear the result of the action of the Society.

Correspondence.

DOMESTIC.

Ergot v. The Tampon.

EDS. MED. & SURG. REPORTER:

One of your readers, at least, was not deterred by its length from reading the article of Dr. O. A. Battson, of Claremont, Illinois, which appeared in THE REPORTER of July 30, on the subject of Ergot *vs.* the Tampon, in puerperal hemorrhage.

I frankly confess my surprise, however, to find that Dr. Battson attempts to lay claim to originality in the recommendation and use of the ergot in uterine hemorrhage occurring previous to the delivery of the child. Such treatment, viz: with small doses of the secale cornutum, has been in use in my practice ever since my entrance into the profession of medicine, in the year 1859, in just such cases as are mentioned by Dr. Battson, and I am confident this remedy was employed many years previous to that time by my former preceptor, Dr. W. F. Barr, of Abingdon, Virginia, *many* years previous, in precisely similar abnormal conditions.

In addition to the foregoing facts, if Dr. Battson will take the pains to refer to the brilliant work of Cazeaux, as translated by Bullock, second American from the fifth French edition, and read section 3, on the 704th page, under the special head of "Profuse Hemorrhage," occurring in the last three months of pregnancy, he will find that he was greatly in error in supposing that no obstetrical writer "has ever yet thought of using the ergot for the arrest of uterine hemorrhage before the delivery of the child." The section referred to reads thus:

"If the measures hitherto enumerated be not sufficient to arrest the flooding, the ergot might be exhibited in the dose of half a drachm divided into three parts, one of which is to be taken every ten minutes. This medicine, which was recommended by M. P. Dubois, under such circumstances, appears to him to have nothing more than a hemostatic action; 'for, if it be objected,' says he, 'that this remedy might excite uterine contractions, and thus provoke a premature labor, we answer that, up to the present time, not a single well-founded observation proves that the spurred rye has the property of *provoking* the uterine contractions; though where these exist already it increases them, or restores them when suspended; but it does not cause them to appear if the uterus is in a perfect state of rest."

I dislike to be the means of thus depriving Dr. Battson of that proper feeling of pride which he manifests in the expressions contained in the last sentence of his article, but justice, in her stern demands, will be satisfied with nothing less, and truth requires that it must be done.

WM. P. RODEFER, M. D.

New Market, Tenn.

The Cockleburr as a Styptic.

EDS. MED. AND SURG. REPORTER:

In an operation for the removal of a minnie ball on the 8th of June, ult., from the neck of Mr. R. S., which was partly encysted and lying immediately under the bifurcation of the left carotid artery, the result of a gunshot wound of several months' standing, my attention was called by Dr. Allen, of Hempstead, Texas, to the use of the expressed juice of the *cockleburr* leaves. The hemorrhage was rather profuse for a few seconds, but was instantly and permanently suppressed on the application of the above preparation.

Dr. A. informed me that he had discovered its use rather by accident as a domestic remedy, a short time since. He had used it in two operations with immediate and perfect success, in one of which the hemorrhage was very profuse. I have since used it in two minor operations, with like results. I believe it to be one our very best hemostatics, the cheapest and most easily obtained.

Mode of preparation.—Take the fresh leaves, and after being thoroughly pounded put them into a strong cloth—coarse domestic—and wring out the juice into a teacup or other vessel, and apply to the wounds with a sponge.

May it not be equally efficient in post partum hemorrhage?

I would like to have the opinion of the profession in such cases as they may think would justify the experiment. A. H. MCFALL, M. D.

Plantersville, Texas, July, 1870.

NEWS AND MISCELLANY.

Healthy Summer Reading.

On another page we have given the facts, accompanied with some comments, on the development of several cases of yellow fever which originated from a filthy vessel that arrived at Quarantine several weeks since. Below we give an extract from the columns of the *Inquirer* as a specimen of healthy reading for the summer:

PESTILENCE!

THE YELLOW FEVER IN THIS CITY—HOW IT WAS BROUGHT AMONG US—FIRST VICTIMS OF THE DISEASE—TERRIBLE DANGER MENACING PHILADELPHIA—AN INFECTED CARGO AT WINDMILL ISLAND.

Another more violent disease than the relapsing fever is at our doors—aye, in our very midst. It is the yellow-fever, by many known as the black-vomit. This frightful epidemic years ago scourged this city,

and only as recently as 1855 swept with devastation through Norfolk and Portsmouth, Va., carrying away hundreds every day. People fell dead in the streets, or, leaving home hale and hearty, were picked up and borne to their homes to die in a few hours afterward of the dreaded pestilence, the black-vomit.

Then the dead carts, during the dead hours of the night, would rumble dolefully through the streets, and, in a sepulchral voice, the driver would cry, "Bring out your dead! Bring out your dead!" to be responded to by many grief-stricken families. The bodies were placed in the cart, they were conveyed to the burial ground, where they were, dozens at a time, dropped into long, deep trenches; and then the wagon of death would start for another load of victims. Death paid no respect to age or rank, and the ravages of the disease were so great for a time that the digging of separate graves, and the interment of the bodies separately was almost an impossibility.

It was virtually "the dead burying the dead;" for often a person would send forth the corpse of a friend. and in a few hours after be laid low by his side, without, perhaps, the ground being turned over the bodies of either. It was a fearful time, and medical men seemed for awhile baffled. The loathesome and fast-spreading disease was brought to those two cities by a ship, the *Ben Franklin*, which, at one of the docks, pumped out bilge water that was impregnated with the direful pestilence.

THE BLACK VOMIT AT OUR DOORS.

Assertions go for naught, but facts are indisputable things, and we will now lay before our readers that which will make them ponder and reflect, as to the criminal responsibility of some one for not preventing the spread of the direful black-vomit almost at our very doors.

And so on through more than a column and a half, until we come to the grand finale, which is in these words:

TREATMENT OF THE DISEASE.

It is well to know how treat a disease so virulent as the yellow fever. For a long time there was much diversity of opinion among physicians as to the best mode, but it is now generally conceded that the first thing to secure is a free action of the bowels; and then the patient be placed in strong hot mustard baths, which are to be followed up by rest and the frequent administration of small draughts of cool water, with an occasional teaspoonful of brandy or some other pure alcoholic stimulant. But little food is to be allowed the patient at the early stages, and then merely a light gruel.

The symptoms of the disease are numerous, and can only be thoroughly delineated by a physician who has had much experience in treating the malady; but among others may be noticed a chilly sensation along the region of the spine and a dizziness or pain in the head. In the latter stages of the disease when death is fast approaching, black vomit ensues, which is caused by mortification of the bowels. The black vomit resembles coffee grounds, and when present the patient is past recovery.

The physician, it will be seen, is—nowhere!

To Remove Nitrate of Silver Stains.

M. Grimm states in a German journal that chloride of copper completely removes nitrate of silver stains from colored cotton cloth. It should afterward be washed with hyposulphite of soda, and then thoroughly washed with water. Such stains are more effectually removed from white cotton or linen cloth, by applying to it a dilute solution of permanganate of potash and hydrochloric acid, which is to be followed by washing with hyposulphite of soda and plain water. This process makes the use of the highly poisonous cyanide of potassium unnecessary.

Berkshire Medical College.

The Berkshire Medical College, land and building, at Pittsfield, were sold by auction, Saturday, to Dr. F. A. Paddock, of that town, for $8,150. We have spent many a profitable hour within the walls of old Berkshire Medical College. Our first course of medical lectures was attended there, when H. H. CHILDS, ALONZO CLARK, B. R. PALMER, and CHESTER DEWEY were among the lecturers. There are many alumni of that institution, as well as others, who attended lectures there, who will cherish kindly remembrances of her.

—— Dr. THEOPHOLUS CLARK, of Tinmouth, Vermont, now about ninety-eight years of age, has practiced his profession in the town where he lives sixty-five years, and had previously served in Middletown one year, making in all sixty-six years continuous professional service, and he is still hale and hearty, with no apparent thought of giving up his labor for years to come.

QUERIES AND REPLIES.

Dr. W. L. D., Ohio.—The ordinary cylindrical speculum, glass, with reflector, or plain, answers all ordinary purposes. They cost 75 cents to $1.50 each. They will have to be sent by express, which will add to the cost.

MARRIED.

BOYD—BARRINGTON.—In Moorestown, N. J., at Trinity Church, on the 4th inst., by Rev. H. Hastings Weld, Edward D. Boyd, of Washington, D. C., and Rebekah, daughter of the late Samuel Barrington, Surgeon United States Navy.

FRANKLIN—DORLAND.—August 10, at the bride's residence, by Rev. Enoch Vanaken, D. D., assisted by Rev. John L. Van Boskerck, Benjamin Franklin, M. D., and Jennie C. Dorland, all of New York.

POWNALL—WILSON.—July 21st, at the residence of the bride's parents, by the Rev. Dr. D. W. Stubleton, assisted by the Rev. J. B. Hough, Dr. A. P. Pownall, and Miss Mary J. Wilson, all of Sand Hill, Kentucky.

WILSON—GRIGG.—August 4th, in this city, at the Tabernacle Church, by Rev. Dr. Thos. C. Murphy, J. T. Wilson, M. D., of Weston, Mo., and Miss P. A. E. Grigg, daughter of Robert J. Grigg, of this city.

DIED.

BARTLETT.—At Cooperstown, N. Y., Aug. 9, Frederick W., infant son of Dr. Homer L. and Margaret S. Bartlett, of Flatbush, L. I.

FRANCIS.—At Riverside, Conn., Aug. 10, Lilly, youngest daughter of Dr. Charles E. and A. H. Francis, aged 1 year, 11 months, and 12 days.

WARREN.—At Madison, N. J., Aug. 9, James Warren, M. D., of Newark, formerly of New York, in the 76th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 704.] PHILADELPHIA, AUGUST 27, 1870. [Vol. XXIII.—No 9.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.

Of Philadelphia.

Laryngoscopy.

I. HISTORY OF THE LARYNGOSCOPE.

As disease has never ceased to inflict humanity from the creation, and as it may be fairly inferred that it has always done so in the same general manner as now, and as a consequence human ingenuity has been taxed to cope with and overcome it, we are surprised that simple and evident processes for its discovery and cure, apparently of modern invention, should not have been employed and recorded in the most ancient writings on medical science. Excepting some scattered allusions to means of physical diagnosis to be met with in the old authors, and a few remnants of surgical art, such as specula, etc., found in excavating the buried cities of Herculaneum and Pompeii we have nothing to indicate that any progress had been made in this direction. It is all the more surprising when we consider the progress made in inventing and improving instruments in other sciences; for instance, we need only mention the brilliant discoveries of the Alexandria school, as set forth in the Almagest; and what an impetus was given to the science of astronomy by the invention of improved instruments of observation. For the laryngoscope we are indebted to modern inventive genius; but like other great discoveries, it was not in one brilliant flash that the world received it; it came by instalments, as it were, one observer after another contributing his mite, until the master-mind appeared capable of grasping the whole sweep and mutual connection of the scattered facts, gathered and combined them into one harmonious whole, and the discovery was made. Thus it befell laryngoscopy.

We shall not delay one moment with the dental mirrors of Celsus, the *glossotochus* described by Paulus of Egina and Hildanus, and figured by Scultetus and Paré; for these instruments are in no wise laryngoscopes, and could never have accomplished the grand results of this instrument from defects in their mechanical construction, which does not in a single instance admit of perfect *illumination* and *reflection* essential to the successful inspection of the vocal cords. Nor do we think any better of the pharyngoscope of Levret described in 1743.

The first realization of the laryngoscope, to our apprehension, was conceived and carried out in the construction of the instrument of Dr. Philip Bozzini, a succinct description of which we have given in our article on rhiniscopy. In adapting it to the larynx, the only requirement was to turn the mirror-mounted speculum downward. The full conception of a laryngoscope—artificial illumination and reflection—was then realized, but the instrument was clumsy and imperfectly constructed, and, therefore, it is doubtful whether the great results of laryngoscopy since achieved could have been obtained.

M. Cagniard de Latour, in 1825, by introducing a little mirror to the back of the throat, and employing solar rays with a reflector, endeavored to examine the larynx during life; but he was unsuccessful, having obtained only an imperfect view of the epiglottis.

In the year 1827 Dr. Senn, a physician of Geneva, employed a small laryngeal mirror by sunlight, to ascertain the condition of the upper part of the larynx of a little girl affected with dysphagia and dyspnœa but the examination was not successful, and he gave

up its use on account of the small size of the instrument; he has recorded his opinion, however, that this method could be employed with advantage in the case of adults, and in certain cases of laryngeal phthisis.

The consummation of the great object was much more nearly approached in 1829, when Dr. B. G. Babington introduced his instrument—the glottiscope as he called it—which closely resembles the present laryngoscope, consisting of a tongue depressor with a long stem articulated to it by the middle, having at its extremity a small laryngeal mirror of an oval or square form made of polished metal. The means of artificial illumination was a mirror held in the physician's hand, by which sunlight was thrown upon the small mirror in the throat.

In 1832, Dr. Bennati, of Paris, asserted that he could see the vocal cords with an instrument invented by a mechanic named Selligue who labored under laryngeal phthsis as recorded by Trousseau; it was a double-tubed speculum, of which one tube served to carry the light to the glottis, and the other to bring back to the eye the image of the glottis reflected in the mirror, placed at the guttural extremity of the instrument.

The attempts of M. Baumès, in 1838, have already been alluded to under the section treating of rhinoscopy. He employed his instrument also in laryngeal explorations.

Liston, in his "Practical Surgery," in 1840, remarked of tumors obstructing the larynx, that "the existence of this swelling (œdematous of the upper orifice of the glottis) may often be ascertained by a careful examination with the fingers, and a view of the parts may sometimes be obtained by means of a speculum—such a glass as is used by dentists, on a long stalk previously dipped in hot water, introduced with its reflecting surface downward, and carried well into the fauces." We can not see in this suggestion of Liston's any greater merit in developing laryngoscopy than attaches to similar suggestions by other observers, his predecessors already named.

Dr. Warden, of Edinburgh, in 1844, encouraged by the success he met with in inspecting the membrana tympani with a prismatic speculum of flint glass applied the same principle to the throat, and reported two cases of laryngeal disease in which this speculum was employed, in one case light being concentrated upon it by another reflecting prism attached to a powerful Argand lamp. "the epiglottis was immediately seen, but it was only when efforts to swallow were made that the arytenoid cartilages and glottis were raised out of concealment and brought brilliantly to show their picture in the reflecting face of the prism." The difficulties encountered in employing this apparatus—the greater space in the throat occupied by the prism and other defects—prevented any important results flowing from Warden's observation.

As the road to success lay in the direction pursued by Bozzini, that is, in the employment of artificial light, we are surprised that it was deviated from by every observer from his time until 1844, when the right direction was again resumed by Mr. Avery, who, according to Dr. Yearsley, seems to have been studying for several years the subject of instrumental diagnosis with reflected light. For exploring the larynx he made use of a laryngeal mirror supported at the guttural end of a speculum, and a concave metal reflector fastened to the head by pads and springs, and having on an arm projecting in front of it a candle, the luminous rays from which were thrown through the speculum by the reflector, and concentrated on the little mirror at its extremity; but four years later this observer dropped the speculum, and adopted the laryngeal mirror attached to a stem.

The most important observations tending to develope the subject of laryngoscopy were made in 1854 by Prof. Manuel Garcia, and formed the subject of a paper presented to the Royal Society of London in 1855. This gentleman was a teacher of singing, and his aim was to study the mechanism of the larynx in the production of chest and falsetto notes; he made himself the subject of his observations, and orginated auto-laryngoscopy. His procedure consisted in placing a small mirror, fixed to the end of a long stem, at the back of the throat, and with an ordinary hand glass threw the solar rays upon the laryngeal mirror, which received the image of the parts beneath, and reflected it into the large mirror, where the observer perceived it. The observations of Garcia took no other direction than the ascertainment of physiological phenomena; but in the summer of 1857 Dr. Türck, physician of the General Hospital at Vienna, having seen the paper of Garcia, made attempts to employ the laryngeal mirror in diagnosing diseases of the larynx; the mirror

was attached to the stem by means of a hinge, and he depended solely upon the solar rays falling upon this mirror, and illuminating the larynx. He failed in these attempts, as several of his predecessors in these investigations had, even under more favorable circumstances, but the attention of Prof. Czermak, of Pesth, had been arrested by the subject, and in the fall of the same year he borrowed of Türck the mirrors he had cast aside as useless, and commenced his observations, which finally led to the adoption of the present form of mirror, the employment of artificial light by means of the concave ophthalmosconic mirror of Ruete, the confirmation of the physiological observations of Garcia, the ascertainment of certain pathological conditions of the larynx, and finally, to sum up in one comprehensive expression, he laid the stable foundation of laryngoscopy as we now have it. Since the publication of his first paper, in March, 1858, up to the present time, twelve years, new observers have entered this field of research who have greatly widened its boundaries in every direction, so that the art has become an indispensable acquisition for every intelligent practitioner of medicine.

II. ANATOMY AND PHYSIOLOGY OF THE LARYNX.

The larynx is a very complex structure, consisting of cartilages, ligaments, muscles and mucous membrane, amply supplied with blood-vessels, nerves and lymphatics. It is cylindrical at its lower part when it is continuous with the trachea, and widens above laterally toward the hyoid bone to which it is attached. The cartilages entering into its composition are nine, three single and symetrical ones—the cricoid, thyroid, and epiglottis, and six in pairs, namely, the two arytenoid, the two cartilages of Santorini, and the two of Wrisberg. The cricoid cartilage, ring-shaped, deep behind, and narrow in front, crowns the trachea and forms the basis of the larynx. Above this is the thyroid, with its broad and expanded sides or alæ, terminating superiorly, and inferiorly at the posterior extremities of its upper and lower borders in processes, the former connected with the hyoid bone, and the latter articulating with two facets upon the lateral and posterior sides of the cricoid. Resting by their bases upon the posterior and superior border of the cricoid, are the two pyramidally shaped arytenoid cartilages. Their posterior triangular surfaces are excavated from above downward, so that the summits of the cartilages are curved backward, the anterior surfaces are convex, rough, and give attachment to the thyro-arytinoid muscles, and by a small tubercle to the ventricular bands (false vocal cords); the inner faces are flattened parallel, and opposite each other. The external angle is short, rounded, and projecting backward, gives attachment to the posterior and lateral crico-arytenoid muscles, the anterior longer and more pointed, projects horizontally forward, in which the true vocal cord is fixed. The apex curves backward and a little inward, and terminates in a rounded point upon which repose two small cartilaginous triangular or conically shaped nodules—the cartilages of Santorini. The cartilages of Wrisburg are placed one upon each side of the larynx in the fold of mucous membrane, which extends from the summit of the arytenoid to the epiglottis; they have a conical form, with the base looking upward, raising the mucous membrane into little protuberances, just anterior to the cartilages of Santorini. The epiglottis, a thin lamella of yellow cartilage cordate in shape, stands in the median line just above the glottis, and connected at its apex by a long fibrous band to the angle of the thyroid cartilage. It is covered with mucous membrane, which forms on its anterior surface a single median fold running to the base of the tongue, and at its margin two other folds curving around to the arytenoid cartilages. On each side of the median fold, at the base of the tongue, a pocket-like depression is observed.

The articulation between the inferior cornua of the thyroid and the cricoid permits motion in the antero-posterior direction, while that between the arytenoid and cricoid allows the former cartilages the freest play laterally, antero-posteriorly and rotatory.

The superior aperture of the larynx communicating with the pharynx is triangular in shape, wide in front and narrow behind, sloping downward and backward, bounded in front by the epiglottis, behind by the arytenoid cartilages, and laterally by those folds of mucous membrane called the ary-epiglottidean ligaments. Below this aperture we see another broad fold enclosing elastic tissue, the ventricular bands, which are sometimes called the false vocal cords, because they do not share in the function of phonation. Still deeper are observed two yellowish white cords, the true

vocal cords, reaching from the anterior angle of the thyroid to the processus vocalis of the arytenoid, and between these and the ventricular bands are those oblong cavities, the sinuses of the larynx or ventricles of Morgagni. From the anterior point of the ventricle extends the laryngeal pouches, upward, between the ventricular bands, and the inner surface of the thyroid cartilage.

The muscles acting upon the larynx are of two orders, extrinsic and intrinsic; the former being the sterno-hyoid, the sterno-thyroid, thyro-hyoid, omo-hyoid, the muscles of the supra-hyoidean region and the middle and inferior constrictor muscles of the pharynx. The intrinsic muscles, or those connected with the cartilages alone, are fine pairs; the crico-thyroid, the posterior crico-arytenoid, the lateral crico-arytenoid, the thyro-arytenoid, and the oblique-arytenoid, and one single muscle, the transverse-arytenoid.

The crico-thyroid arises from the side and fore part of the cricoid cartilage, and runs up obliquely to be inserted into the lower part and inferior corner of the thyroid.

The posterior crico-arytenoid arises from the back part of the cricoid cartilage, and is inserted into the posterior part of the base of the arytenoid.

The lateral crico-arytenoid arises from the side of the cricoid, and is inserted into the side of the base of the arytenoid near the posterior crico-arytenoid.

The thyro-arytenoid, arises from the upper part of the angle of the thyroid, and running backward and a little upward divides in three portions; one is inserted into the vocal process, another into the vocal cords, forming their lower surface, and the third fasciculus into the outer edge of the arytenoid cartilage and aryepiglottic ligament.

The oblique arytenoid muscle arises from the base of one arytenoid muscle, crosses its fellow, and is inserted near the tip of the other arytenoid cartilage.

The single muscle is the transverse arytenoid, which arises from the inner side of the arytenoid cartilage, from near its articulation with the cricoid to near its tip, and as the name indicates, the fibres run transversely and are inserted into the corresponding surface of the other arytenoid cartilage.

The function of the crico-thyroid muscles is to approximate the thyroid and cricoid cartilages, and thus render the vocal cords more tense. In this function they are assisted by the posterior crico-arytenoid muscles, which, pulling the arytenoid cartilages backward, stretch the vocal cords, and separating the vocal process of the arytenoid cartilages from the obliquity of their position, open the glottis. The crico-thyroid and posterior crico-arytenoid muscles are tensors of the vocal cords. The opponents of these two pairs of muscles are the thyro-arytenoid, which pull the arytenoid muscles forward and thereby relax and shorten the vocal cords.

The lateral circo-thyroid muscles close the glottis by pulling the vocal processes of the arytenoid cartilages together. In this action they are assisted by the transverse and oblique arytenoid muscles. The action of all these muscles may be seen at a glance in the following table:

Tensors of Vocal Cords.	(*Antagonizing*)	Laxators of Vocal Cords.
1. Circo-thyroid,		1. Thyro-arytenoid.
2. Post crico-arytenoid.		
Abductors of Vocal Cords.	**(*Antagonizing*)**	**Adductors of Vocal Cords.**
1. Posterior crico-arytenoid.		1. Lateral crico-arytenoid, 2. Transverse arytenoid, 3. Oblique arytenoid.

Besides these muscles there are three others described in connection with the larynx. The thyro-epiglottean, a few pale fibres extending between the thyroid cartilages and the epiglottis; its action would be to draw the epiglottis upon the glottis; the superior ary-epiglottidean extending between the arytenoid cartilages and the epiglottis, has the same action as the previous; and the inferior ary-epiglottidean, composed of a thin layer of muscular fibres spreading out over the upper half or two-thirds of the laryngeal pouches, and acts by approximating the epiglottis and arytenoid cartilages, compressing the subjacent glands that open into these pouches, and altering the shape and size of these cavities.

The laryngeal mucous membrane is everywhere thin and of a pale pink color, and over the epiglottis and vocal cord it is very thin and closely adherent to the parts beneath. About the ary-epiglottidean folds there is some loose cellular tissue, which is the seat of the fluid extravasation, constituting œdema of the glottis. The membrane is supplied with abundant mucous glands, the orifices of which are everywhere seen except near the vocal cords.

The supply of blood to the larynx is derived from the superior and inferior thyroid arteries, and the veins empty into the superior, middle and inferior thyroid.

The nerves are the superior and inferior laryngeal branches of the pneumogastric, containing a few motor fibres from the spinal accessory. The superior laryngeal nerves supply the mucous membrane, the crico-thyroid muscles, and in part the arytenoid muscle. The inferior or recurrent laryngeal supply all the muscles of the larynx except the crico-thyroid, and in part only the arytenoid.

Having refreshed the memory with a hasty account of the anatomy of the larynx, it will be proper to take a further step and inquire in the same cursory manner as to its physiology, and in order to do this we must view the larynx in a two-fold connection: 1st. In its participation in the function of respiration. 2d. As the organ of voice.

In ordinary quiet respiration, when the air is silently passing to and fro in the larynx, at every exspiratory effort the arytenoid cartilages may be seen to approach, and in inspiration they resume their position more widely apart. In this lateral to and fro movement of the arytenoid cartilages, if the observer peers deeper into the tube, he may also recognize the vocal cords in a corresponding but more limited action. The outer surfaces of the cartilage of Wrisberg, and the part of mucous membrane just below it partaking in this motion, are alternately laid in contact with and removed from that part of the lateral wall of the pharynx corresponding with the process of the hyoid bone, which may be distinctly recognized beneath the mucous membrane by its lighter-yellowish color, contrasting with the surrounding red surface. The epiglottis is raised and not in contact at any point with the pharyngeal wall, a view of the glottis being obtained around the erected valve everywhere. This is the condition of my own larynx in ordinary respiration, but there are varieties in this respect.

According to Czermak's description, which I presume was drawn from the observation of his own throat, "the epiglottis touches the posterior wall of the pharynx with the superior part of its lateral borders, there remaining no interval for the passage of air but below at the two sides, and above about the middle." In forced respiration the above described motions are exaggerated; the arytenoid cartilages in deep inspiration are widely separated, the line joining the two forming the base of a triangle of which the apex is at the thyroid angle, the sides being the vocal cords. Under either of the preceding conditions of respiration we cannot see the whole of the vocal cords, but only the posterior half or two-thirds and the arytenoid cartilages, and in order to amplify the view, the epiglottis must be induced to change its inclination backward, and this may be done by following the advice of Czermak, by giving the base of the tongue a convenient position as, for instance, in pronouncing the sounds *ah* or *eh*. The complete emission of the vowel *e* elevates the base of the tongue to the point of entirely covering the laryngoscope; but it does not do so when we only pronounce partially this vowel; yet the mere attempt sometimes suffices to bring about the wished-for result.

In deglutition, coughing and hawking, the larynx is completely closed. In the experiment upon myself, I have been led to adopt the views expressed by Czermak as to its mechanism. He says, the arytenoid cartilages immediately meet at their internal surfaces and processes, and they bring the edges of the vocal cords in contact. The superior vocal cords, (ventricular bands) approximate to the inferior vocal cords, so as to obliterate the ventricles of Morgagni; at the same time they also meet in the median line. The epiglottis being lowered, and its cushion becomes more prominent still, it presses against the closed glottis; the contact takes place from before backward. All these changes occur with such rapidity that great attention is necessary to examine them in detail. He says that these threefold occurrences in the hermetic closure of the larynx explains the resistance which the glottis successfully opposes to the pressure of the air, without a development of much force during the effort. When he compressed the air within his chest he observed the elastic parts to arch or curve outward, without allowing the air to escape. When he cleared his throat, as if to expectorate, a passage is made for the air, because the elastic arched parts yield and are found to give way rapidly by the violent explosion of the air. He perceived the epiglottis, which is applied with its cushion upon the glottis, to become agitated by the distinct shocks. The epiglottis is not passively depressed under these circumstances, for example, by the base of the tongue, but this depression is actually caused by the proper muscles of the epiglottis themselves.

My experiments upon myself and others entirely accord with the foregoing views of Czermak, but we are sure that the mechanism is not identical in all this detail in all persons. There are individuals in whom, as pointed out by Merkel, the ventricular bands do not meet, but always leave a space between them; and these slight deviations in function are in keeping with what we encounter in other organs, the functions of which are often marked by unimportant anomalies of mechanism.

The determination of the function of the larynx in phonation is more difficult than in respiration. We have seen the mutual arrangements of the different portions of the glottis in respiration where the only essential condition is a free and uninterrupted passage of air to and fro in the larynx. In the production of sound, besides this condition (a current of air of a certain intensity and velocity, which is a purely respiratory act), there are others indispensable and peculiar to phonation, these are an approximation of the arytenoid cartilages and tenison of the vocal cords. In determining the share of each of these three conditions, in the emission of sounds, observers have been naturally led to the consideration of musical instruments, and endeavored to establish some sort of analogy between them and the larynx. These instruments are of two principal sorts, those in which the sound is produced by vibrating strings that communicate their motion to the air, and those in which it is dependent upon the vibration of a column of air. The latter sort is further divided according as the motion is communicated to the air through a mouthpiece, or a vibrating elastic lamina. The opinions of physiologists have varied as to which class the larynx assimilates. Ferrein long ago compared the vocal cords to vibrating strings, but a close examination of the laws governing the former will show that they are not applicable to the latter, for instance that the number of vibrations per second, and therefore the pitch of the sound, is inversely as the radius of the string, directly as the square root of the stretching weight or tension, and inversely as the square root of the density of the cord, etc., relations which have been proven to hold good as regards vibrating strings, but not as regards the vocal cords.

Nor can we assimilate the larynx to the second class of instruments in which the sound depends upon a vibrating column of air in a pipe, and its pitch or tone upon the dimensions of the pipe, and velocity of the current of air. This analogy cannot be sustained, as the dimensions of the column of air between the mouth and larynx do not possess the required amplitude to produce the tones of the human voice. Analogy and experiment, however, go to show that the conditions for the production of the voice are realized in the third class, or reed instruments, in which, as has been shown by Müller, the vibrating tongues may be of different forms without impairing the laws governing their action. The form may be that of a band extended by a cord, and included between two firm plates, so that there is a cleft for the passage of air on each side of the tongue. The elastic membrane may be stretched over half or any portion of the end of a short tube, the other part being occupied by a solid plate, between which and the elastic membrane a narrow fissure is left. In the third form two elastic membranes may be extended across the mouth of a short tube each covering a portion of the opening and having a chink left open between them which resembles the arrangement of the human vocal cords. In this sort of instrument a blast of air throws the tongue in vibrations which are communicated to the column of air in the pipe. Now, what happens in the larynx? The blast of air from the lungs, issuing with a varying velocity and force, comes in contact with the vocal cords approximated to each other, and exercises a certain amount of pressure according to the force of the blast causing them to yield outward, and at this moment a part of the air escapes, diminishing the pressure, and permiting the vocal cords, by their elasticity, to regain their original position. By a series of such oscillations they successively open and close the glottis, producing sonorous waves or tones which, by their sequence become music; or modified by the organs contained in the nose and mouth, constituting speech. We can study by means of the laryngoscope the position of the several parts of the larynx in vocalization, which will vary considerable according to the pitch of the sound. In the graver sounds the arytenoid cartilage comes in contact on the median line approximating the vocal cords so as to bring them into a condition for vibration throughout their length and breadth, but the anterior portion of the cords are shut out from view by the epiglottis. Ascending the scale to a certain sound, the epiglottis is raised and takes a position further forward,

so we can get a better view of the cords which are now seen approximated so as to leave only a linear interval between them, and the arytenoid cartilages with their vocal processes in contact along their entire inner border. In this connection it will be necessary to allude to the difference in the mechanism of the larynx in chest voice and *falsetto*, the latter being that peculiar modification of the voice in which not only the pitch of its notes is higher than the former, but their *color* or timbre is also altered so that they lose the reedy quality of chest notes and assimilate to the harmonic notes of stringed instruments. In some persons the transition from the chest voice to falsetto is gradual and smooth, in others abrupt, others still can sound the same notes in the two different registers. Magendie was of the opinion that the difference was due to vibrations of the vocal cords along half their length. The German physiologist, Müller, takes another view, that in the production of falsetto notes only the upper edge of the vocal cords vibrate, while in chest notes the vibrations occupy a wider space. Helmholtz wants to find in the displacement by the action of the muscles of the mucus which constantly lies under the vocal cords, thus rendering their edges sharper and their weight less, so that they may be shaken into the more rapid vibrations of falsetto notes.

These facts are of importance to the laryngoscopist, as a knowledge of the share taken by the various parts of the larynx in phonation will more surely enable him to arrive at a truthful diagnosis, when those functions are altered by disease, which always induces more or less change in the character of the voice. Anything which alters the vibratility of the vocal cords, as when they or the mucous membrane covering them is swollen by the sudden impression of cold, prolonged use of of the voice etc., will surely induce hoarseness in varying degrees of intensity. The voice will also be altered if the muscles which move the cords, and which we have tabulated on a preceding page, are disabled from the thorough performance of their functions by spasms or paralysis. Thus we find as a frequent cause of aphonia, relaxation or inability of these muscles which approximate the arytenoid cartilages and vocal cords. If the set of muscles which separate them be paralysed we shall likely witness a great difficulty in breathing. The tensors may be affected so that the requisite amount of tension of the cords cannot be secured, so that there will be greater or less impairment of voice, or the same results will follow in case the laxators of the cords are embarrassed in function.

Besides the causes of impaired phonation to be found in the above mentioned condition of the parts of the larynx, we must also seek further causes in other parts associated in the performance of this function. As may be seen when the condition of the parts above the larynx, the nose, pharynx and mouth, are altered by catarrh, for instance, which, by occluding the nares, give the voice a disagreeable nasal twang. Narrowing of the throat by enlarged tonsils, tumors in the pharynx, are all causes of altered voice. It is equally important for the integrity of the functions of the larynx that the blast of air come up from from the lungs in proper strength and velocity, which require that the respiratory function must also be in its normal condition of strength.

(To be Continued.)

A CASE OF DROPSY.

By Theodore A. Demme, M. D.

On the 13th of April I was called to see Mrs. B., residing in a court running from Coates street near Second, in this city.

She had been for some time previously under the care of a skilful practitioner, but dissatisfied and discontented, she desired a change of medical attendants, and I was accordingly sent for.

I found my patient to be a woman past 40 years of age; a mother of several children; had not been pregnant during the last six six years; menstruation during the last years very irregular in their appearance; had not had her courses for two months. She was enormously swollen from dropsical effusion; a general œdema extending over the entire body, and the abdomen distended to such an extent as to give a circumferential measurement of 46 inches. Her face was thin and pinched, the skin jaundiced, almost of a mahogany color.

A moment's application of my ear to the chest revealed extensive valvular disease of the heart, and after a more careful investigation, the existence of cirrhosis of the liver was rendered apparent.

In regard to the prognosis there could be

no doubt in my mind, and my endeavors were therefore directed to relieve as far as possible the dropsical accumulation and to alleviate her sufferings.

Following these indications, she was placed upon a course of diuretics, hydragogue cathartics and tonics, but without any amelioration of her symptoms. The œdema and ascites gradually increased, and the most distressing dyspnœa supervened; the poor patient was unable to lie down in consequence of the sense of impending suffocation, and day in and day out was obliged to maintain a sitting position, supporting her head upon a table or the back of a chair.

About the middle of May the lower extremities were so swollen that she was no longer able to move them, and every change of position had to be made with the assistance of her attendants. At this time, in consequence of the great distention, sloughing of the integument of the feet and legs took place, accompanied necessarily with great serous discharge.

On the 20th of May, her menses not having appeared for nearly three months, I made a vaginal examination, and found the uterus pressed down into the pelvis, almost to the vulva, somewhat enlarged, the neck swollen and elongated. There could be little doubt of pregnancy of two or three months duration. Subsequent examinations (although my patient scouted at the idea) convinced me of the existence of this condition.

During the early part of June her sufferings, aggravated by the heat of the weather, became so great that the question arose whether it was not imperative to resort to tapping.

On the 16th of June I requested Professor Albert Stillé to see the patient with me in consultation. After a long and laborious examination it was decided that the only chance of prolonging life, or at least to give some relief to the patient, was to perform the operation of tapping.

Professor Stillé kindly remaining present, I introduced the canula immediatly beneath the umbilicus, and drew off three bucketfuls of the accumulation. The fluid presented the usual appearance, an amber-colored albuminous liquid.

The patient, after recovering from a syncope, caused by the rapid removal of such an enormous quantity of fluid, was properly bandaged and placed upon a bed. The patient experienced decided relief of the most distressing symptoms, the dyspnœa being entirely removed. During the month of June the fluid rapidly reaccumulated, and on the first of July the distension was almost as great as it had been the month before. On the 3d of July, noticing that there was a constant trickling of serum through the wound that had been made in the tapping, I pressed the edges apart with a director and again removed a bucketful of fluid.

My patient's strength was now rapidly giving way; the action of the kidneys became suspended; the dyspnœa distressing; the pulse feebler and feebler; on the 10th of July coma supervened, and on the 11th she expired.

In the act of dying there was expelled from her the fœtus, apparently perfectly formed, but extremely small, if my reckoning of five months pregnancy at the time of death was correct.

The day following the decease I was called to examine the body, and found the abdomen so distended that I deemed it advisable to again introduce the canula, and drew off three and a half gallons of water.

The above report has been prepared from a sense of duty that I owe to myself and to the profession. Various accounts of the case have been made, and the treatment harshly criticised. It is my wish to show that in the charge of the case nought was left undone that should have been done; and that nought was done that should not have been done; and that when occasion required active measures, I called to my aid one whose judgment and skill is acknowledged by the whole profession.

Deferred Labor.

Dr. W. B. Chase, of Windham Centre, N. Y., sends us the details of a case of labor which was protracted through the whole of the ninth month of utero-gestation. The uterine action was kept under control by the judicious use of sulphate of morphia, "not with the expectation or belief," says Dr. Chase, "that it would act specifically on the uterus to increase its contractions, but directly the reverse, to quiet useless and annoying pain, and restore a natural correlation of the vital forces."

Labor was finally terminated at full term in the birth of a healthy child, whose life might have been sacrificed if the doctor had yielded to the earnest solicitations of the family during the month to terminate the labor, which he might easily have done. There being no apparent reason, apart from their wishes, for doing so, his firmness is to be commended.

(Medical Surgical Reporter

EDITORIAL DEPARTMENT.

PERISCOPE.

Lithotrity.

At the Royal Medical and Chirurgical Society, Tuesday, May 10th, 1870, Sir HENRY THOMPSON presented an analysis of 184 cases of stone in the bladder of the adult, treated by lithotrity. He furnished all the most important details relating to each case, and presented the stone itself in almost every instance, preserved for inspection. His object was to make an impartial estimate of the crushing operation, to ascertain its real value, and its place among surgical operations. Although this had never yet been fully done, he regarded B. BRODIE's last communication to the Medical and Chirurgical Society as perhaps the most trustworthy and valuable record, so far as it goes, which exists on the subject. In order to accomplish this object, he had made carefully written records of every case; and he cited the following circumstances as necessary to be taken into consideration: that the 184 cases had been treated by a uniform method, within a comparatively brief period of time; that all were adults, and embraced much variety of constitution; that all the important facts relative to each were noted in a history of each one, which was attached to the paper as an appendix; and that a large proportion of the calculi were of considerable size. And the author believed he was correct in saying that so complete an opportunity for studying the results of lithotrity had not been offered hitherto, since as far as he was aware, the data necessary for the formation of a judgment had not been presented to the profession, either in this country or elsewhere.

The chief facts relative to the 184 cases were as follows. They were consecutive in point of time, no case being omitted; that all were adults, and mostly of advanced age; that they included many individuals of very feeble health and constitution; that they were chiefly British, although several were from other nations. The mean age of the 184 cases was no less than sixty-one years. The youngest was twenty-two years old. Only three were below thirty years. The oldest was eighty-four years. There were forty-six cases of seventy years and upward. With very few exceptions, all stones of an ounce weight and upward were reserved for lithotomy. All obviously below that were crushed. Not one case was refused operation, not one was left unfinished, and in no case was an operation for lithotrity completed by lithotomy.

The recoveries, reckoning every kind of casualty following the operation, were 93 per cent.; but omitting five cases of death, not by any means due to it, the mortality amounted to only 4 per cent. A second operation for recurrence of the stone was performed for thirteen of the 184 cases; 122 were uric acid and the urates; 16 were mixed; 40 were phosphatic; 4 oxalate of lime; 1 cystic oxide; and 1 pure phosphate of lime.

The important logical conclusion to be derived from the mass of facts considered was that lithotrity is an eminently successful operation. For a certain number of cases, its success may be regarded as a certainty—absolutely without fear of any contingency, except such as attends the minor operations of surgery,—for example, the opening of a small abscess, or the passing of a catheter. For the author stated that he had never lost a patient in the whole course of his experience after crushing a stone which was no larger than a small nut; and this he considered was a size at which, with few exceptions, every stone ought to be discovered. But this very fact led the author to remark that the success of lithotrity cannot therefore be considered apart from a knowledge of the extent, in regard of the magnitude of the stone and the constitution of the patient, to which the capabilities of the operation have been pushed. When it is employed for stones as large as a date, or a small chestnut—and it is impossible to deny the excellent chance of success which this method offers to the subjects of such stones—a certain, but still only small, proportion of deaths must be expected. And the rate of mortality will correspond with augmentation in the size of the stone, and with the amount of existing disease and age on the part of the patient. Given a small stone in a fairly healthy person, and success is certain; the possibility of contingency in such a case depending only on the presence of those remote and excessively rare conditions which will make for an individual here and there, the mere passing of a catheter a cause of death. The rule observed had been, for the most part, to apply lithotrity to all calculi obviously less than an ounce in weight, easily discovered by sounding, and to operate on all larger ones by lithotomy.

Hydrate of Chloral, in Delirium Tremens.

C. A. STIVERS, M. D., of the San Francisco City and County Hospital, reports to the *Pacific Medical and Surgical Journal*, the following cases:

An opportunity having offered to make trial of the new hypnotic in two cases of delirium tremens brought into the hospital, I herewith present the results, which were highly satisfactory:

Case I.—E. W., female, æt. 38, native of Ireland. Admitted April 13th, at 9½ A. M., suffering from a severe attack of delirium tremens. The nurse was obliged to place her in a strait jacket, to have any control whatever over her. I ordered: ℞. Chloral hydrate, 1 dr.; syr. pruni virg., aquæ. each 1 oz., one-half to be taken at once, and the remainder in two hours, if no sleep. The first dose was given at 10 A. M., the second at 12 M. No sleep, but patient rather more quiet. Repeated the same prescription, and gave one-half at 2 P. M. Patient sleeping soundly at 2½ P. M., and continued in that condition until 9 P. M., when she awoke perfectly free from delirium; and, to use her own words, she felt "pretty well—only a horrible headache." Took about a pint of beef-tea. At 12 M. the remainder of the hydrate was given—in all, 2 dr. Directly afterward she fell asleep, and so continued until morning, when she was discharged from my care. No return of delirium occurred.

Case II.—C. G., male, æt. 27, native of Ireland. Admitted April 14th, at 11½ A. M., with delirium tremens. Had to be confined in a jacket. Ordered: ℞. Chloral hydrate, 1 dr.: syr. pruni virg., aquæ, each 1 oz. M. Sig.—one-half at once, and the remainder in two hours, if no sleep. The first dose was given at 12 M., and he fell asleep in about ten minutes, and continued in a sound slumber for about two hours, when he awoke slightly delirious. The remainder of the hydrate being given, he was asleep in ten minutes, and continued in a sound sleep all the afternoon and night—a little over fifteen hours. Next day he was discharged, cured.

You will perceive that the medicine was given in full doses. In some instances in which it has failed to exhibit its effects, I suspect the failure was owing to the smallness of the dose. No other remedy was employed in conjunction with it in the foregoing cases; so the trial may be deemed a fair one, as far as it goes.

Diphtheria.

Dr. George Hill writes to the *British Medical Journal* on this disease as follows:

An epidemic of diphtheria having prevailed in the neighborhood recently, I have had an opportunity of testing the therapeutic value of various topical remedies. I will not occupy space with the details of illustrative cases, but will state my conclusions briefly.

Lactic acid, as recommended by MM. Bricheteau and Adrian, is an invaluable application, dissolving the diphtheritic membrane in a wonderful manner. It must be freely and repeatedly applied, and, being a harmless agent, it may be used with safety by those in charge, in the absence of the practitioner. But it must not be solely depended on, as it seems to possess no power of preventing the re-formation of the membrane. Of the other topical remedies, I found none so efficacious as the liquor ferri perchloridi fortior of the *Pharmacopœia*. A gargle of dilute hydrochloric acid, two or three drachms to eight ounces, is of great service in clearing the mouth and throat of the viscid mucus which accumulates with such rapidity. I also found an occasional gargle of carbolic acid, two or three grains to the ounce, of use in destroying fœtor and cleansing the mouth. Carbolic acid inhalations seem good in theory, and it is possible that they may be of service in freeing the system from the diphtheritic poison. But the local symptoms were not improved by their use, and if continued long, they seemed to aggravate the œdema, which adds so much to the distress of the patient. Of internal remedies I have not much to say. I prescribe a drachm of chlorate of potash, in a pint of water, with lemon-juice, to be used as a common drink daily.

Electricity in Paralysis.

At the Clinical Society of London, Dr. Anstie exhibited three patients in whom electrical treatment had been applied for the cure of local paralysis. Case I. was an extreme instance of paralysis of the extensors of the right forearm and hand, and also of the shoulder muscles, for which the only assignable cause was lead-poisoning. The affected muscles were greatly wasted, and the case seemed hopeless; but by the use of the constant current from Weiss's (Smee's) battery daily for about two months, and then subsequently of Faradisation (which at first had no effect) for another month, the power of all the muscles was almost entirely restored, and the man enabled to resume work. Case II. was an instance of paralysis of all the muscles of the forearm, the sequel of acute rheumatism. It was rapidly cured by the application of the interrupted current from Gaiffe's apparatus. Case III. was an example of a very rare and curious affection—complete anæsthesia of all the sensory nerves springing from the right brachial plexus, and of a few branches (supraclavicular) from the cervical plexus. It had existed for six years. The patient (a young man now 21 years old) could only trace its occurrence to a severe attack of scarlet fever, immediately after which he first noticed it. There was no loss of muscular power, and but little if any affection of the muscular sense. Faradisation (with Stöhrer's one-celled apparatus) was commenced in December last, and perseveringly applied every day for five weeks, without the slightest effect. The constant current from Weiss's battery was then

tried, and in a very short time a marked improvement commenced. After a time the whole sensibility of the limb was much changed, and now the use of Faradisation was found to be effective. At the time of the report, after four months' treatment, the patient might be said to have twice the amount of sensibility (to pricking, etc.) in the hand, and three times the amount in the forearm and arm, which he had at the commencement of treatment. He had also regained sensibility to heat and cold, which had been entirely lost. In all probability, however, he would never be completely cured. In all these three cases the electric current, whether constant or interrupted, was purposely applied in a local manner only—*i. e.*, to the nerves and muscles of the affected parts. Dr. BUZZARD said that Professor BENEDIKT had just informed him that he had found advantage follow galvanizing the sympathetic. It is in these cases, according to Remak, where there is difficulty in producing muscular contraction, that galvanizing is likely to do good. Dr. Anstie thought that galvanizing the sympathetic was theoretically good. He had brought forward the foregoing cases to show what the treatment, persistently carried out, may do; but the practical results were certainly far from gratifying. In answer to Mr. Paget, whether contraction of the muscles was not necessary to produce good results, Dr. Anstie said that he had found it so.

Poisonous Effects of Orange Peel.

DR. GIBBONS says, (*Pacific Medical and Surgical Journal*) May, 1870: Many years ago we had in charge two little girls, sisters, four and six years of age, who were seized with violent inflammation of the bowels from swallowing the rind of the orange. One of them died in convulsions, and the other had a narrow escape. Since that time quite a number of instances similar in character have come under our observation. Quite recently we have seen a child something over a year old, that was attacked with violent dysenteric symptoms for which no cause could be assigned. The attack came on during the passage of the family on the steamer from San Diego. The symptoms were so identical with those which we had previously noticed to arise from poisoning by orange peel, that we were induced to inquire particularly if the child had an opportunity of getting this substance in its mouth. We were informed that it had been playing with an orange and nibbling at it just before the attack of disease. The discharges from the bowels were frequent and painful, and consisted of blood and mucus. After a week of severe enteric inflammation, the child died. We have no doubt that the disease was brought on by the rind of the orange. Though but a small quantity must have been swallowed, yet a very small quantity of such an indigestible and irritating substance will often produce the most serious consequences. The oil of the rind is highly acrid, and adds greatly to the noxious quality of the indigestible mass. We learn that it is a common practice among children at some of our public schools to eat the rind, and that juvenile merchants have been known to trade off the inside of the fruit for the skin.

The Normal Position of the Female Pelvic Organs.

Professor A. BRIESKY, Berne, Switzerland, sent to the Gynæcological Society of Boston, a stereoscopic photograph of the pelvic organs *in situ*, from a section of the pelvis of a virgin aged twenty-eight years, hardened in alcohol—a method which he prefers to frozen sections. The uterus is seen to be slightly anteflexed, with its long axis at a right angle to that of the vagina, and almost coincident with the axis of the inlet of the pelvis. The following measurements may prove interesting. Conjugata vera diameter of the pelvis, 3 inches 4⅓ lines; conjugata diagonalis diameter of the pelvis, 4 inches 4 4-5 lines; antero-posterior diameter at the outlet to the point of the coccyx, 2 inches 2 10 2-5 lines; antero-posterior diameter to the point of the sacrum, 3 inches 10 4-5 lines; length of vagina (anterior wall), 2 inches 1 3-5 lines; length of entire uterus, 2 inches 1 4-5 lines; length of the uterine cavity, 1 inch 10 4-5 lines; length of the cervix uteri, 10 4-5 lines; length of the vaginal portion, anterior lip, 1 3-5 lines, posterior lip, 2 4-5 lines; diameter of the uterine wall at the point of incision—fundus, 4 2-5 lines; anterior wall, 3 1-5 lines; posterior wall, 3 1-5 lines; diameter of the perinæum, 1 inch 4 4-5 lines.

Rabies.

M. PEUCH showed, at a meeting of the Society of Medical Sciences of Lyons, *Lyon Médical*, Dec. 19th, 1869, the tongue of a dog which had died of the above disease. The owner of the animal thought that a bone had been arrested in the throat, as the dog was constantly carrying his feet to that region; but the veterinary surgeon at once suspected rabies. Let this circumstance be a hint to dog-owners. On each side of the tongue an ulcer with sharply-rounded edges was perceived, the size being from one to two lines. M. Peuch stated that he had never found such ulcers but in cases of rabies, and thought the latter disease had perhaps its own characteristic ulcer, like the syphilis or glanders. In answer to a question, the author said that he had inoculated the matter of each ulcer to a bitch two months old, and that, on killing the animal four months afterward, no rabid lesion was found, nor had any symptom been observed during life.

The Ligature for Hemorrhoids.

[redacted]:

Dr. W. H. VAN BUREN (*New York Medical Gazette*) prefers the ligature in the treatment of hemorrhoidal tumors. He has operated in from sixty to seventy cases without any unpleasant result, and says that in a hundred similar operations by the late Valentine Mott there was but one fatal case. Dr. Van Buren commences the operation by forcibly dilating the sphincter ani muscle, which remains more or less paralyzed for a week, thus sparing the patient much pain from its pinching tender parts. He then seizes the tumor with a tenaculum, transfixes its base with a double-threaded needle, and ties each half of the tumor separately. Little subsequent is required beyond keeping the bowels confined for four or five days, and providing for their solubility when moved.

(*Pacific Med. & Surg. Journal*)

Rubber Cloth in the Treatment of Skin Diseases.

Professor HEBRA, of Vienna, and Professor HARDY, of Paris, are using vulcanized India rubber cloth in the treatment of skin diseases, especially the scaly eruptions. Professor Hebra (*European Medical News*, quoted by the *Pacific Medical and Surgical Journal*) employs the rubber cloth not only in rolls, but made into caps, stockings, drawers, and shirts, the smooth side to be placed next to the skin and kept so applied, except when it is desired to cleanse the part. The retained perspiration softens the scales and secretions, which emit a penetrating stench on removing the cloth after twelve hours' application, and upon washing, the skin appears red, moist, and shining, without odor, and more or less deprived of epidermis. If the cloth is kept off any length of time, itching, pain, and tension return. In many cases the eczema was healed in two months. As other modes of treatment will cure within this time, the special advantage of the rubber cloth is in those cases where it is inconvenient to apply ointments, lotions, etc., as upon the hands, joints, feet. Professor Hebra does not use the cloth to the exclusion of other treatment, but finds it best to combine them.

Hare Lip.

At the Obstetrical Society of Ireland, on Saturday, Aprli 9th, Mr. WILLIAM STOKES read a paper on a new method of effectually remedying the defect of hare-lip. After adverting to the difficulties which surgeons have experienced in operations for this malformation, in getting rid of the deformities of the notch at the red border of the lip and the vertical groove, or sulcus, which frequently occurs at the line of the cicatrix, and which is caused by the contraction, or falling in of the tissues in this situation, he mentioned the attempt made by various surgeons toward obviating the first of these defects. No efforts, however, had been made against the second. To prevent the occurrence of either, Mr. Stokes advocated the adoption of the principle of the utilisation of the parings. Allusion was made to the operations of SAMUEL SMITH, of Leeds, M. NÉLATON, and the late Mr. M. COLLIS. The operation is a modificacion of Sédillot's and Collis's procedure. Several drawings illustrative of its results were exhibited. The advantages to be derived from its adoption are: (1) the avoidance of any susbequent curtailment of the projection at the lower extremity of the cleft; (2) the applicability of the new operation to all forms and varieties of hare-lip; (3) the unlikelihood of the destruction, from twisting of any portion of the soft tissue; (4) the avoidance of the formation of a notch; and (5) the prevention of any vertical sulcus, or groove, in the line of the cicatrix.

Ovariotomy in a Girl aged Twelve.

M. JOUON, professor at the medical school of Nantes, successfully performed this operation a short time ago. The patient had been suffering from an abdominal tumor for the last eighteen months, and the growth had reached the size of a twin pregnancy at the end of gestation. The diagnosis was not easy, and at one time hydatid of the liver was suspected. On the strength of the last supposition it was determined to open the abdomen by caustics. When the slough had been incised, it was found, after the evacuation of some liquid, that the abdomen contained a capacious pouch, studded with fibrous tumors projecting in its cavity. As now the diagnosis was clear, and the girl lost ground every day, ovariotomy was performed. The cyst was multilocular, and the adhesions numerous; but, in spite of these difficulties, and the patient's tender age, she was well on the forty-sixth day after the operation.

Subcutaneous Injections of Arsenious Acid in Skin Diseases.

Dr. LIPP publishes in the *Arch. für Dermat. und Syph.*, Nov. 3, 1869, two cases of psoriasis and three of chronic eczema, which were cured by hypodermic injections of arsenious acid. In the former the result of the injections was satisfactory, after the internal use of Fowler's solution had failed. The cases of eczema are not so conclusive, as other means besides the injections were used. In the first case of psoriasis eight grains of arsenious acid were injected in forty-eight days, and in the second four grains in thirty-eight days. The author gives minute details respecting the phenomena observed during the injections, and states that he does not mean to infer from so few cases the superiority of the in-

jections over the internal use of arsenic; but he merely observes that in favor of the former he might mention—the certainty of absorption, the non-interference with the organs of digestion, the small doses used, and the short treatment. As quinine and other remedies are now frequently injected, a time will probably soon come when the stomach will rarely be troubled with medicinal substances.

Value of the Alkaloids of Cinchona.

By order of Government, the several alkaloids of Peruvian bark have been put to the test in India, in 2,472 cases of fever. The result, as reported in the *Medical Times*, is, that the sulphate of quinidia possesses an anti-febrile power equal to the sulph. of quinia; that the sulphate of cinchonidia is slightly less efficacious, and that the sulphate of cinchonia, though very inferior to the others, is a very useful agent in the treatment of fevers.

Reviews and Book Notices.

NOTES ON BOOKS.

We have received the President's address delivered before the Indiana State Medical Society, May 17th, 1870, by GEO. SUTTON, M. D., of Aurora, Ind. The subject of the address is "Man's Power over Nature, and Medicines as means by which he Aids and Controls the Laws of Life." We have perused this address with great pleasure. It contains many very valuable thoughts. We wish that it could have an extensive circulation in the profession. Wel have marked a number of passages which we shal endeavor to find room for in THE REPORTER.

We have recently received a very valuable report made in 1869 to the Metropolitan Board of Health (New York) on Vaccination, by J. P. LOINES, M. D., House and Vaccine Physician to the Eastern Dispensary. Dr. Loines' researches and statistics on this important subject possess great interest and value.

The *American Journal of Pharmacy* now issues monthly an advertising and news sheet. It appears to be of slight literary value, but is sent free of cost to subscribers to the *Journal of Pharmacy*.

We have on our table, a valuable and interesting monograph on Idiocy, by Dr. EDWARD SEGUIN, being a lecture delivered before the *N. Y. Medical Journal* Association. Portions of it have been published in different medical and other periodicals in New York. It is published by WM. WOOD & Co., New York.

D. APPLETON & Co., of New York, send us "A Medico-Legal Study of the case of Daniel McFarland, by WM. A. HAMMOND, M. D., etc., etc." The paper was read before the Medico-Legal Society of New York, and published in the *Journal of Psychological Medicine*, for July 1870. Dr. Hammond's reputation as a physiologist, and his pretensions in psychiatrie, give interest to this pamphlet, though we confess that there was much in his testimony on the trial in question that seemed to us objectionable, and we never could imagine where he won his reputation in this particular line of study. His acquirements seem to be theoretic rather than practical. To our mind, the testimony in the McFarland case proved him to be a murderer, without the shadow of a claim for exemption on the score of insanity. There were mitigating circumstances no doubt, but insanity was not of them.

BOOK NOTICES.

Fourth Annual Report of the Metropolitan Board of Health of the State of New York. 1869. pp. 504. New York. D. Appleton & Co.

This is a valuable contribution to our sanitary literature. Dr. ELISHA HARRIS, the very efficient, able and learned sanitary superintendent of the Metropolitan district, and his coadjutors are doing a great work in the collection of such valuable statistics as are found in this volume. It would be fortunate if all our large cities were as well served in sanitary matters as New York is. Yet the Board of Health, and its subordinate officers, labor under very great disadvantages in the discharge of their duties. Politics—the bane of our political economy, so interferes with everything which involves "office-holding," that a system of observations and records cannot usually be pursued for any great length of time. It even renders uncertain the numbers of the population of a city; as one class of politicians strive to appreciate, while another strives to depreciate the number. Ten years ago we had quite a contest with a Register of the City of New York, who, for certain political reasons tried to make out then that New York contained a resident population of 1,000,000. Of course rates of mortality and other statistics, based on an erroneous enumeration or estimate of the population, deprive them of all their value. We find that Dr. Harris rates the population of New York at 1,000,000, and of Brooklyn at 370,000, giving a death-rate for the former of 25.13, and of the latter of 22.59, per 1,000 inhabitants. We are inclined to think that the census now in progress will give New York less than 1,000,000 inhabitants, and carry the death-rate up to nearly 30 per 1,000.

There are many topics of interest that we would like to notice if we had space, among others a very valuable report on small pox and vaccination. We may recur to the subject at some future time.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 27, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

MEDICAL LIBRARIES AND COLLECTIONS.

We are glad to see evidences of vitality in the Medical and Chirurgical Faculty of Maryland, which is one of our oldest medical organizations, and has, in days past, done much to advance the interests of medicine. For some years past, until recently, it seems to have been quite inactive.

Among the committees of the Society is one on a library, and they have issued a circular letter to the profession of the State, calling for books and funds in aid of the library. It seems that the Faculty already possesses a library of about 4,000 volumes. The committee says:

"The funds at the disposal of the Library Committee will only enable them to purchase some of the new and valuable publications of the day. In their desire to develop rapidly their important trust, they would respectfully plead for coöperation, and for some of that charity for which the medical profession everywhere is so conspicuous.

"From the members of the medical profession donations of books are solicited. Every physician has many medical works which he can spare for so noble a purpose, and every physician who has the good of his profession at heart will cheerfully aid in the establishing of an extensive Medical Library which he, as well as the profession at large, may at all times consult. Medical books are desired regardless of age or kind; and all donations of medical books which physicians can spare will be gladly and gratefully received."

The medical profession should respond heartily to this appeal, and contribute to the establisment, not only of a good library, but of a collection of anatomical and pathological specimens, and anything else that will be of interest and value to the profession. THE REPORTER has always been an advocate of collections, not only on the part of our National and State organizations, but of local organizations also. Wherever several medical men can meet together occasionally, they should have a head-quarters, where they can deposit, for the time being, whatever each can spare from his own library, or office, for the general good of the profession of the locality—where they can instruct each other in the use of instruments and other appliances for the relief of suffering, and to a certain extent, at least, make common cause in their endeavors to serve the afflicted.

There are secret associations, trades unions, etc., some of which may combine for no good

to the community. Such a combination as the one referred to, and to which the action of the Medical and Chirurgical Faculty of Maryland tends, is one of real benevolence, characteristic of the medical profession. Such associations, besides adding to the intelligence of the profession by imparting knowledge one to another, would serve to unite its members in bonds of friendship.

The REPORTER is very generally read by the profession of Maryland, and we hope that these remarks may induce them to heartily and earnestly coöperate with the Library Committee of their State Society, and these remarks, we will add in conclusion, are just as applicable to the societies and profession of other States as of Maryland.

The Medical Library of the faculty of Maryland is at No. 60 Courtland St., Baltimore, and Dr. CORDELL is the Librarian.

Notes and Comments.

Half-Yearly Compendium.

THE HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE for July (No. 6), is a very interesting number, containing articles on a great variety of subjects in each department. The beautiful paper and print are very noticeable. The COMPENDIUM grows in popularity and circulation, and should receive a hearty support from the medical profession of the country.

Errata.

In REPORTER of last week, in Dr. FRISLIE'S article, the following errors occur: Page 127, first column, 18th line from top, for "*wild fit*" read "*mild fit*;" same page second column, 13th line from bottom, for "*modulated*" read "*moderated*."

Harvard University.

The catalogue of this institution for the academical year 1869-'70, first term, is quite a formidable affair. The catalogue of the Officers of Instruction and Government comprise no less than ninety-five names. The University embraces all the departments of literature and science.

The Medical Department is in a very flourishing condition. The number of matriculants, session of 1868-'69, was 306, placing it among the largest medical schools in the country. The Faculty and Instructors in this department number twenty names, among whom are some of the ablest teachers of medicine in the country. We had supposed that the Medical Department of Harvard University was one of the small, struggling schools of the country, but a sight of its catalogue and appointments dissipates the notion entirely.

An annual prize is assigned, from the Foundation of Ward Nicholas Boylston, for the best dissertation on a medical subject, proposed by a committee appointed by the President and Fellows of the University. The prize is of the amount of $120, and may be taken either in money or in the form of a gold medal of that value.

A New Auxilliary!

A State Board of Health having been formed in California, Dr. THOMAS M. LOGAN, of Sacramento —a very well known and intelligent sanitarian, through whose influence, probably more than that of any one else, the Board of Health was organized— proposes to enlist Odd Fellowship in the service of the Board in the collection of vital statistics! Dr. Logan has sent blank forms to all the lodges in the State we believe. He advocates his idea with much enthusiasm. How it will work remains to be seen. An enthusiastic church member might undertake to have the work done through the churches! The medical profession it seems to us is the proper and sufficient agency for this work, and if, with their intelligence on the subject, they cannot be made to do their duty, and do it well, we doubt whether any outside organization can be induced to do the work, even if they had the requisite intelligence.

The Lower Forms of Vegetable and Animal Life.

Professor GEORGE ROLLESTONE, of Oxford, in his late book on "Forms of Animal Life," gives a new criterion by which to distinguish animals from vegetables. He says that in the case of all animals the embryo absorbs its yolk from the inside, while in vegetables the germ of seed is surrounded by its albumen. This is a remarkable foreshadowing of the way in which the adult animal or plant absorbs its food, the former by placing it within itself for digestion and assimilation, while the latter takes its food from outside.

Therapeutical Sand-Baths.

A sand-bath is generally looked upon as a chemical contrivance; but it should be remembered that in two German places, Köstritz and Dresden, there are establishments where the patient is buried for hours in the hot sand, with the best effects as regards rheumatism. In the *Deutsche Klink*, Dr. Schwabe (himself suffering from contracted joints in consequence of rheumatism) describes the institutions, and recommends the heated sand-baths, he having been highly benefited by them.

Correspondence.

DOMESTIC.

Treatment of Phthisis.

Dr. MANSON, of Pittsfield, Me., having written to inquire whether Dr. LOGAN used tincture of iron and nitric acid *together* in the treatment of phthisis, Dr. Logan replies as follows: (Dr. Logan's article was published in the REPORTER of August 6th.)

EDS. MED. AND SURG. REPORTER:

In reply to the questions of Dr. Manson, as for want of space in my article I may not have been sufficiently explicit concerning the points by him referred to, as well as the "auxilliary treatment" of the cases therein reported, I will briefly mention the treatment of case 11.

Took 30 drops of *tr.* of *iron* (which contained quinia sulph. ʒss. to ʒj.), in a wine-glass full of water half an hour before each meal. Also dilute nitric acid 40 drops in the same quantity of water immediately after each meal. When restless 3 grs. *alcoholic ext. hyosciamus* at bed time. Counter irritation by local application of tr. of iodine two or three times a day. An expectorant consisting of syr. lactucarium et syr. prunus virginianus equal parts, a desert spoonful of which was taken when required. Could not be induced to take cod liver oil regularly. W. M. LOGAN, M. D.

Cincinnati, Ohio.

Renal Calculi.

EDS. MED. AND SURG. REPORTER:

Mr. J. M. Totman, æt. 45; by occupation a butcher; consulted me about two months ago concerning a spasmodic pain, confined to the right lumbar and iliac region, which lasts from 12 to 18 hours, and suddenly ceases. I told him I thought the spasmodic pain he suffered was caused by the passing of *renal calculi*, and he left.

On Monday, August 8th, 1870, I was sent for to go and see him, the messenger stating that he was affected with his old pain. Having only a few doors to pass before I got to where he lived, I had the opportunity of seeing him in about fifteen minutes after the attack came on. I found him lying on a sofa, suffering the most excrutiating pain, and going through all sorts of gestures. After a careful examination into the case, and dismissing every other affection except the passing of renal calculi, I determined to try the inhalation of chloroform; but previous to administering the chloroform I applied a few drachms over the seat of pain, and while preparing to administer it, about four minutes afterward, he told me that he felt great ease and thought that he could micturate tried, but could not. As all pain had ceased I did not administer chloroform; tried to micturate in about fifteen minutes afterwards, which he did readily and with ease, saying he was cured again, and passing the small concretions that you will find enclosed, in all numbering about 25; the largest one, I am sorry to say, I cannot send you, as I crushed it in my examination. In all, Mr. T. has suffered about twelve times with this spasmodic affection.

Will you be so kind as to have these concretions examined, if necessary, and inform me under what treatment you would place him, and what remedies you would use, and in what manner when they are passing.

P. H. SHULTZ, M. D.

Shenandoah, Pa., August, 1870.

ANSWER.—The above case seems a very appropriate one in which to employ the *hydrangea arborescens*. See MED. & SURG. REPORTER, March 5th, 1870, p. 202. The calculi appear to be of the phosphatic variety.—EDS.

Ergot v. the Tampon.

EDS. MED. & SURG. REPORTER:

I have read with care and pleasure, in your journal of July 30th, the article written by Dr. O. A. Battson, of Ill., on the use of Ergot vs. the Tampon in uterine hemorrhage. I desire to add my testimony to that of Dr. Battson in the use of ergot in the hemorrhages from the uterus in the earlier months of gestation. My attention was first called to the use of ergot in such cases by Dr. I. M. Head, an able practitioner of this county, 10 or 12 years ago. I had just left a case of uterine hemorrhage in the second month of gestation, to see a case with Dr. Head; was in a hurry to get back and spoke of the case to him. He at once suggested the ergot with morphia in the case, saying if any thing would arrest the hemorrhage and avert an abortion that would. He did not take time to theorize. I left him and found my patient no better. I must confess I was somewhat skeptical about giving it, but regarding Dr. Head as good authority I at once gave a teaspoonful of the wine of ergot with ½ gr. sulph. morphia; in 30 minutes I repeated the dose, with a decided arrest of the hemorrhage. I then repeated the dose in one hour, which controlled the hemorrhage completely, and I had the pleasure to see my patient delivered at full term of a ten pound boy. Since that time I have used the ergot and morphia to the exclusion of almost everything in such cases, and I must say with very gratifying results.

As Dr. Battson says, we may confidently expect to arrest the hemorrhage and avert abortion, if on examination we find the os uteri but little dilated

and the membranes entire. But as the Dr. says, if we find hemorrhage profuse and coming in jets and gushes with every uterine contraction, with dilated os, I rarely find anything to serve us. My experience is confined, I might say, entirely to the earlier months of gestation in the use of the ergot. As regards the hemostatic powers of ergot I am fully convinced. I have just treated a terrible case of epistaxis with the ergot, occurring in a young man from the swamps of Arkansas, who has had repeated alarming hemorrhages from his nose. I gave him 20 drops fluid extract ergot every 30 minutes until relieved, which was accomplished by the third dose, to his great delight, as on former occasions several hours would elapse before the hemorrhage would cease, with all that could be done.

A. J. Swaney, M. D.

Castallian Springs, Tenn.

News and Miscellany.

Society for the Medical Education of Women.

The Paris correspondent of the *British Medical Journal* says:

The following programme has been circulated: it is entitled, "Programme Provisoire des Cours de la Première Année."

"The first year shall be chiefly devoted to the study of the sciences upon which medicine is based; viz., Natural History, Chemistry, and Physics (in their applications to the art of healing) and Anatomy.

"During the first six months, the pupils attend the classes established at the Sorbonne for the *instruction secondaire* of young women, viz.:

"1. Elements of Physics. Professor: M. Jamin, Member of the Institute.

"2. Elements of Chemistry. Professor: M. Riché, Substitute-professor (professor suppléant) at the Ecole Supérieure de Pharmacie.

"3. Elements of Botany. Professor: M. Van Tieghem, Lecturer at the Ecole Supérieure.

"4. Elements of Anatomy and Animal Physiology. Professor: M. Bert, Member of the Faculty of Sciences.

"5. Elements of Mathematics. Professor: M. Phillipon, Secretary of the Faculty of Sciences.

"During the second six months, the pupils will attend the following classes.

"1. Pharmaceutical and Medical Chemistry—a special course. Professor: A pharmaceutist of the hospitals.

"2. Human Anatomy and Physiology: special lectures on their relation to Medicine, and bearing upon the functions of digestion, respiration, circulation, and innervation. Professor: A surgeon of the hospitals.

"3. Elements of Pathology, particularly in relation to the Diseases of Children and Hygienics. Professors: Two physicians of the hospitals.

"After the completion of the second six months of study, the pupils will attend the hospitals appointed for their instruction. Supplementary lectures and demonstrations will be given by special tutors. During the first and following years of study, the pupils who contemplate practicing in Musselman countries receive three lessons a week either in the Turkish or the Arabic language. At the end of the first year, there will be a pass-examination for entrance to the higher classes."

It will be observed from the above programme, that during the first six months the Society for the Medical Education of Women requires no special staff. The pupils are to attend the courses at the Sorbonne instituted by M. Duruy two or three years ago, and denounced at the time in rather preposterous pamphlets by Monseigneur Dupanloup, the (anti-infallibility) Bishop of Orleans. The Bishop went to the Roman extreme of the female education question—admitting, however, that young women ought to be better educated than they are now in France, but arguing that they ought to be reared "sur les genoux de l'église,' and not by secular professors. The courses of instruction given to young women of the middle classes in Paris at the Sorbonne, and at the Mairies of many of the great towns in France, are exceedingly good. Our feminine *confrères* will have every opportunity of making a good start if they profit (as they may) by the Sorbonne lectures for ladies instituted by M. Duruy.

It will be observed by the above programme, that no professors have as yet been appointed to the strictly professional classes. The status, but not the name, of the professor is given.

It will be likewise seen by the programme that, while the aim of the Society is to give the new order of female medical practitioners a good general and medical education, a distinct limit to their professional ambition is fixed. They are not placed on the road to the *sumwos medicinæ honores* attained by Miss Garrett. They are clearly intended to be a humble, and, I presume, a cheap class of doctors—good enough, it is supposed, to compete with the existing rank and file of the medical profession, but technically disqualified from jostling the *dii majores* the Nélatons and others who have instituted the "Societé Médicale pour l'Instruction des Femmes." This, according to some of the promoters, is a point on which a great deal hinges. With the facts before him, each reader can form his own conclusion.

Female Physicians.

We commend the following very sensible remark to the thoughtful consideration of those who advocate throwing all the avenues of making a liveli-

hood open to women. They are from an editorial in the *British Medical Journal* of April 2:

To us, looking from a distance on such social experiments as those to which we have referred, it appears very clear that, excepting on the theory that celibacy is either desirable, or at any rate unavoidable, it is impossible to believe that any benefit can accrue to the female sex as a whole by opening to it the means of livelihood which men have hitherto exclusively enjoyed. If society has really come to such a pass that the pursuits which have hitherto enabled men to gain a living for themselves, their wives and families, no longer do so, and that our young men are obliged to remain single and appropriate to themselves all they can earn, let us by all means fully acknowledge the fact and its consequences. If it has really come to a game of *sauve qui peut*, then let every one have a fair chance in the scramble. Under such circumstances it would be unfair to impose social disabilities on either sex. Rather, in the name of justice, let both fight together on equal terms for such fragments of happiness as may be yet secured. There are some, we believe, who, having looked carefully into our social tendencies, honestly believe that increasing celibacy is inevitable, and who are, therefore, according to our argument, fairly entitled to urge the right of the female sex to independent employments. To those who have not yet adopted this very serious creed, we would address an earnest request that they will take the trouble to estimate the kind of effect in that direction which the introduction of female workers into male vocations must inevitably have. That effect will, in the long run, be to increase celibacy by reducing the emoluments of the male sex, and will most certainly give us year by year a greater and greater number of ladies who will need independent means of support. The lady-doctor is, therefore, as we take it, unless she be conscientiously an advocate of celibacy, a traitress to her sex. She betrays their real interests to her own eccentric longing for the will-o'-the-wisp pleasures of independence. In the olden time it was thought most fitting that boys should climb the apple-trees and share the proceeds with the girls. Now that apples are becoming scarce, there seems to be a growing impression that the boys keep the best for themselves. Without giving any opinion as to whether or not this complaint is well grounded, we may be permitted to urge that there are two ways out of the difficulty. It is not even yet absolutely necessary that the girls should climb themselves; they might possibly attain quite as much by seeking to develope in their brothers and cousins a more energetic spirit of daring, and a better notion of chivalry and honor. It will be a bitter lesson to most of us if ever we are forced to learn it, that the interests of the sexes are not absolutely identical—that they may, indeed, be competitive or antagonistic. The judicious division of labor is among the chief gains of civilization and means of advance, and first under that head we have hitherto ranked the appropriation of suitable tasks in life to the two sexes. The exemption of the female sex from all pursuits involving hard labor, is a feature which characterizes all communities which make any pretence to social development. Our object for the present is not so much to show that the pursuit of medicine is intrinsically inappropriate to women, as to prove that there could be no real advantage to the sex in allowing them to pursue it, and that, on the contrary, such permission would tend to increase the very evils under which society now suffers.

—Dr. JOHN H. GIHON has been appointed Quarantine Master of Philadelphia, by Gov. Geary. He was several years the Governor's Private Secretary. He enters at once upon the discharge of his duties.

QUERIES AND REPLIES.

Dr. J. H. B., N. H.—In the HALF-YEARLY COMPENDIUM, No. 6, for July, 1870, you will find the subject of incontinence of urine in children and young persons treated at length.

"Scaly Eruption."

Under the head of Queries and Replies, *A. H., of Ohio*, asks information in regard to a scaly eruption. I have used with satisfaction in some cases of that kind a solution of ten grains of nitrate of lead to the ounce of glycerine, applied three or four times daily, wearing during the night a soft glove, having previously made use of the solution. Some times a solution of carbolic acid in glycerine, or even water, will do well. Washing the parts several times daily in wheat bran and soft warm water is another good remedy. These things, combined with proper internal treatment, such as sarooc. comp. et potassi. iodidi. Fowler's solution, etc., will give satisfaction. But I would especially call your correspondent's attention to an article on psoriasis, by Dr. Maury, in vol. xxii of the REPORTER, March 19 and 26, pp. 233 and 256.

Respectfully yours, C. W. F.

E. Springfield, N. Y.

MARRIED.

SWEET—PAINE.—In Newport, Vt., August 3d, by Rev. George H. Bailey, Orlando P. Sweet, M. D., and Lucy A. Paine, both of Lowell, Vt.

DIED.

MARSH.—Dr. Leonard Marsh, an old resident of Burlington, Vt., and for fifteen years a professor in the University of Vermont, died August 16th.

ROBERTSON.—On the 12th inst., at the residence of her son-in-law, Dr. J. M. Kuhn, in Salem, Columbiana co., Ohio, Mrs. Anna E. Robertson, wife of the late Dr. James Robertson, of Hanover, Ohio, in the 65th year of her age.

SCHILLING.—In New York, August 17th, Louisa, wife of Ernest Schilling, M. D.

RODGERS.—May 8th, 1870, at Upper Alton, Ill., Ebenezer Rodgers, M. D., aged 33 years.

TODD.—August 14th, 1870, at the residence of his parents, on Quincy street, Rev. Martin Luther Todd, son of Dr. A. S. Todd, of this city, in the 31st year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 705.] PHILADELPHIA, SEPTEMBER 3, 1870. [Vol. XXIII.—No 10.

Original Department.

Communications.

THE SPECULUM—ITS ABUSES AND ITS USES.

By A. T Woodward, M. D.,

Of Brandon, Vermont.

Read before the Vermont Medical Society at its annual session, and submitted for publication in The Medical and Surgical Reporter. by the Committee on Publication.

In the discussion of the subject assigned to me, my object will be fully attained if I awaken an interest in a department of practical medicine until recently comparatively ignored by the larger part of the profession, and too often viewed through the medium of prejudice or passion. Full half a century has elapsed since the leading minds of England and France, now sharply awakened to the inefficiency of the routine practice pursued in the treatment of the diseases of women, and new modes of investigation were advocated or condemned by the opposing schools which immediately sprang into existence in those respective countries. In this country the awakening power was confined, until the last few years, to a few specialists and a small number of quacks, who were too often confounded together, not only in the minds of the people, but in a large majority of the profession.

The history of the speculum is intimately associated, and almost identical with that of gynæcology. For a long time it was supposed, and the opinion is still held, that the instrument is an invention of these latter days, and that when Recamier, in 1801, began to treat ulcers of the uterus and vagina with topical applications by means of a "slender tin tube," the "speculum uteri" was born.

More careful examination of the earlier records of our science exploded this error; and now almost every work on gynæcology is prefaced by a long dissertation on this subject, replete with learned quotations from Hippocrates, Celsus, Arctæus, Galen, Aetius and Paulus Aeyina, to say nothing of Avicenna Serapion, Haly Abbas, and Albucasis, whose writings the authors are unable to read.

Without painfully rehashing this borrowed learning, I will content myself with the original researches of Dr. Wright, in gleaning the little I care to say upon the purely historical part of my subject.

It appears then that, contrary to the opinions once held by even such men as Simpson, the speculum was well known and in constant use by the earliest practitioners of medicine—Egyptians, Greeks and Romans, from long before the time of Hippocrates to the destruction of the Alexandrian library and the subsequent dispersion of the Alexandrian Schools. It appears that it gradually fell into disuse, and was for a time virtually lost to the profession, probably because when the Moslems held sway, and the Arabian schools arose, the tenets of the Mohammedan creed prevented the personal examination of females, except by one of their own sex, and consequently the "Diseases of Women" in the Arabian writing soon became a barren subject, the science being generally copied from the Greek books, and the art being left entirely in the hands of midwives.

At the time of the revival of letters, about the year 1400, the works of the Greeks, and and a little later of the Romans, began to be again translated, studied and annotated, and again the speculum came into notice, and from that time allusions to its use became more distinct and frequent. Indeed, a careful examination of medical literature renders it doubtful if the history of any single instrument has been so well preserved. With the

increased knowledge of the writing of the ancient authorities, came also gradually increased independence of thought and original observation, until in the seventeenth and eighteenth centuries a number of books, more or less original, were published, treating exclusively of diseases of women. In England one of the earliest of these writers, and a representative one, inasmuch as even then he treated of these subjects from the standpoint which has ever since characterized the teachings of the English, as distinct from the French school, was Jacobus Primerose. It is worthy of notice that, though considering these diseases largely in their relations to other diseases and other organs, and the influence exerted by the proper treatment, "he mentioned the use of the speculum as a matter of course whenever the condition of the cervix uteri has to be investigated."

It was left for a later day to endeavor to divorce from the treatment of uterine diseases the instrument which more than any other single one has in its various forms contributed to their accurate diagnosis and comprehension

When Recamier finally enlarged his speculum in 1816, and formally introduced it to the world as a new and hitherto unknown mode of investigation, he found both partizans and opponents in France and England, though the latter country has, in the main, held to the great importance of constitutional treatment, regarding uterine disease as a fragment of a constitutional malady. While with the French school the local ailment is almost exclusively regarded, the constitutional treatment being attributed to the wide-spread influence exercised by the demonstrated uterine disease. The French school has not lacked gallant and zealous exponents among English practitioners, particularly among those who first introduced there the methods of local investigation and treatment. Nor, on the other hand, have the English doctrines failed to find an appreciative hearing among some of the worthiest representatives of French gynæcology. The English probably enjoy the exclusive credit of having furnished distinguished practitioners like Lee, who could go to the extreme of declaring that "the speculum emanated from the syphilitic wards of the hospitals of Paris; and it would have been better for the women of England had its use been confined to those institutions." This extreme opinion was doubtless held a few years ago by many, who shared alike with Dr. Lee his bitter animosity, and his mistaken historical opinions. Dr. Lee published his work on the "Employment of the Speculum in the Diagnosis and Treatment of Uterine Diseases, with three hundred cases," in 1858, having previously published a part of it in the Medico Chirurgical Transactions for '50. How much he may have subsequently modified his opinions I have no means of knowing, but that some who thought with him met with a radical change of heart we have an amusing evidence in the later writings of one of the earlier English advocates of the use of the speculum. Dr. Acton ("A Practical Treatise on Diseases of the Urinary and Generative Organs in both Sexes." 3d ed. pp. 215, 216) says: "Formerly, when an instrumental examination was suggested, few surgeons would condescend even to reason on the matter. Others declined on the plea of not wishing to propose anything which could shock the delicacy of an English female, and the patients hearing their statements, often declined further consultation with a surgeon who was said to propose a plan of treatment not only indelicate, but perfectly unnecessary.

"Another six months of useless lotions and drugs, unattended with the slightest relief, caused patients, however, to think that prejudice might have something to do with the decrying of this practice. Many ventured the experiment and found that the instrument of examination was not such a painful process as had been stated, and that it was by no means so unnecessary, inasmuch as in a few weeks they found themselves restored to a state of health they had not enjoyed for many years. As the number of cases of this sort increased it was impossible any longer to meet them with contempt."

The later opponents of the speculum acknowledge having themselves occasionally employed it, but object to its indiscriminate use. Their hostility not unfrequently took the form of ridicule, as for instance, in such stories as the following: "A west-end speculum doctor (as he is called) examined one morning a mother, her eight daughters and a cook, and pronounced them all to labor under inflammation, and accordingly cauterized the whole family, *secundum artem*." (*Medical Times*, vol. xx, p. 459.) Nothing, however, shows more forcibly the strength of the feeling excited against the introduction of the speculum into England than a discussion at the Royal Medico Chirurgical Society, following a paper

read by Dr. Lee. "The general tenor of Dr Lee's paper is to show that the employment of the speculum, if it is not completely useless, was at least pernicious in a diagnostic point of view. And he went so far as to deny the existence of ulceration of the os uteri, the result of simple inflammation, and called in question the good faith of those who had advanced the opposite doctrine, as may be proved by reference to the paper. He says: 'Neither in the living or in the dead body have I ever seen ulceration of the os and cervix uteri except of a specific character, and especially scrofulous and cancerous; but I have met with a very considerable number of cases in which it had been affirmed by others that it did exist during life, after deliberate and repeated examination by them with the speculum, when I ascertained that ulceration did not exist in the os and cervix uteri, nor disease of any kind.'"

Dr. Ashwell boldly stated that these lesions, independent of cancer, were only to be observed in twenty-four out of one thousand cases.

"These assertions (we cannot call them arguments,) were peremptorily refuted by the head of the obstetric department, Dr. Lœwk, who reduced to nothing Dr. Ashwell's eloquent tirade upon the delicacy of English women, and asserted that these uterine lesions which render an instrumental examination necessary were very common.

"The frequency of these lesions was, moreover, forcibly maintained by Prof. Murphy, not to mention Dr. Bennett and myself, who again asserted what we had previously published.

"I shall not further remark on this discussion, which was continued out of doors in a number of curious letters to be found in the *Lancet* of 1852, otherwise than to state that the speculum is now, 1860, generally employed in the diagnosis of uterine diseases, so generally, indeed, that its original supporters think that it is not unfrequently injudiciously and unnecessarily used by the very persons who were at first most vehement against it."

Some of the passages in the above quotations remind us forcibly of the following from Wright, who, in speaking of the history of uterine pathology in ancient times, says: (Uterine disorders, their constitutional influence and treatment, page 6,)—"But there gradually arose at Rome an independent school. Celsus, its most distinguished writer, was an exception to the general rule, as he had neither studied at nor did he love the Greek schools. Unfortunately, his most important chapter on uterine maladies is, in great part, lost, but we may judge from a passage in his works that even in his time diseases of the genital organs were so far a specialty of the Greek school that he could make it a subject of covert sarcasm."

In treating of them he says: "Their nomenclature among the Greeks is not only tolerable, but now fully sanctioned by practice, for they are freely employed in almost every volume, work, or treatise of the physicians; but with us Romans these terms are filthy, and never employed by any one who has a proper regard for modesty in language; therefore it is evident that there is no small difficulty in maintaining, at the same time, a delicacy of expression whilst delivering the precepts of the art."

"Whether it was jealousy or a continuance of that same bitter feeling toward the Grecian school of medicine previously simplified by Cato and Pliny, it is evident that some other than the alleged motive prompted Celsus to write this sentence, for, being a shrewd practitioner, he must have known that the morality of the Romans, as described in the sixth satire of Juvenal, scarcely required such tender solicitude."

Thus we see that in respect to the speculum and the treatment of uterine diseases the old adage of "many men, many minds," applies quite as forcibly as to any other object of human thought or interest, and whatsoever may be the arguments advanced in the vindication of the position taken, the true reason lies very commonly in the bump of contrariety; if it has no more contemptible source, universal in human nature, whether Roman, English or American, and manifesting itself generally as in this manner, so happily hit off by Dr. Gregory, as quoted by Dr. Simpson: "Within my memory," writes Dr. Gregory (Diseases of Women, page 156) "a new mode of cutting off legs was introduced (or an old one revived, I am uncertain which) and strongly recommended by an eminent surgeon, Mr. Alanson, it was called the flap operation, or cutting with flaps. I remember to have heard some disputes about it, for as there were flappers, of course there must have been anti-flappers, and as the dispute began little more than twenty years ago, and is far

from being ended as yet, it can scarcely have arrived at full maturity and violence.

Mr. Benjamin Bell must be either a flapper or an anti-flapper, and I humbly conjecture (for I do not know the fact), that if he is a flapper, Mr. Jno. Bell will be a determined anti-flapper, but that if Mr. Benj. Bell is an anti-flapper, John will be a most strenuous flapper. But flap or no flap, he certainly may take his choice of several ways of cutting off a leg."

I have quoted the opinions of Dr. Lee for two reasons. First, I propose to take his book as the basis of my remarks on the use and abuse of the speculum; and secondly, I think the stand taken by him and a few like him has had much to do with what I conceive to be the fact, that in this country, as I formerly remarked, the study of gynæcology has, until quite recently, been confined to a few specialists and quacks, whom the general profession has been too apt to confound, and that with an equal degree of respect, or rather lack of it. "Dr. Ashwell's eloquent tirade upon the delicacy of English women may have been as baseless as the similar wail of Celsus; but when backed by the same kind of fustian from Dr. Lee and others, while it did not prevent English practitioners like Bennett and Acton, who had a French education, from manfully following the light of the truth as they saw it, and gradually building up an increasing influential school of gynæcologists, it had, I think, a powerful repressive effect on the principal mind of the American profession.

Certain it is, that when I commenced the practice of medicine more than twenty years ago with the speculum and uterine sound as essential elements of my outfit, as was the stethoscope and catheter, there were but few young physicians of my acquaintance with whom I found myself in sympathy, and I may say none of the older ones outside of the teachers. The invention of Sims' speculum, and his astonishing success in vesico-vaginal fistula, due more to the assistance of his speculum than to the use of his boasted silver-suture, finally did for the American physician what Recamier's speculum had done for a previous generation of French and English, and brought into immediate existence a swarm of newly-fledged gynæcologists as numerous as the locusts of Egypt, and quite as grievous to bear.

A word then on the uses and the abuses of the instrument would seem to be not only appropriate, but even necessary. The necessity of a reconsideration of the subject is all the greater, because the advance of gynæcology has rendered many of the former objections entirely inapplicable.

Lee prefaces his account of his experience with the remark that it is "important to the medical profession, and to society at large, that the legitimate use and real value of the speculum in practice should be accurately defined and made known." He closes his list of three hundred cases with the remark already quoted, that "the speculum emanated from the syphilitic wards of the hospitals of Paris, and it would have been better for the honor of England had its use been confined to those institutions." The last remark is a virtual denial that the speculum has any legitimate use or real *value*, beyond what it may possess as a hygienic instrument, by means of which officers of health may attempt what he elsewhere characterizes as "the difficult task of separating the clean from the unclean." Let us examine some of the general statements he makes before detailing his three hundred cases, and see what light they throw on the mental processes by which he and his present followers have arrived at the opinions they hold. He says: "In the first great class of organic diseases, which comprehend fibro-cystic, glandular, and all other tumors which are not malignant, I have derived little or no aid from the speculum in the diagnosis or treatment." To this proposition there can be no objection; these cases all gynæcologists agree are to be distinguished by the various modes of digital examinations of the hypogastrium, and of the interior of the pelvis through the vagina and rectum. He might have added to his list hematoma, pelvic cellulitis, and pelvic abscess. But, while admitting the truth of his proposition in its general sense, I am constrained to say that the speculum has incidentally a great value, even in many of these cases. I say incidentally, because it is as an assistant to the uterine, sound or probe that the speculum becomes in some of these cases an instrument of great value.

I cannot do better in proof and illustration of my position than quote from the exceedingly clear, methodical, and dispassionate work of Dr. Thomas. He says:

"The facts which may be ascertained by the probe are these:

"1st. The capacity of the uterus.

"2d. The existence of growths within it.

"3d. Directions of the course of its canal.

"4th. Differentiation of these four uterine tumors.

"5th. The existence of endometritis.

"The great importance of these facts with respect to diagnosis is evident, and one would suppose that an instrument revealing so much would be universally employed. Such, however, is by no means the case. By adepts it is commonly resorted to, but in general practice will be found many, indeed a majority, who do not employ it, from fear of its results, the difficulty of its introduction, and uncertainty as to its revelations. It is my opinion that no case of uterine disease should be regarded as fully investigated, unless the cavity of the uterus be probed. Of course, there are in some cases contra-indications to such a procedure; but where none exists, it should be considered as essential to a thorough examination."

I cordially agree with Dr. Thomas in his endorsement of the probe. Now, let us see the manner of its use. We again quote: "Method of Probing the Uterus.—While the woman lies on her back, the examiner, by vaginal touch, carefully ascertains the position of the uterus, by passing his finger first into the fornix vaginam, over its posterior face, and then along the base of the bladder over its anterior wall. This gives him a definite idea of the direction of the canal along which he is to pass his probe; and without it he should never essay the procedure. The speculum is then introduced, the patient preserving the usual decubitus, if a cylindrical instrument be employed—and turned on the left side if Sims' or one of its varieties be used. The examiner then takes the probe, and with his fingers gives it the exact curve, which he supposes the uterine canal to have, and gently passes it in.

"Should he fail, he alters the curve slightly, and makes another attempt until he succeeds, which will be very soon, if he has used this method so often as to have given himself experience," etc. Again: "Thus employed the uterine probe becomes a means of verifying a diagnosis, which has been made by touch, and is certainly safe, easy of introduction and painless. It may be employed in all cases, except pregnancy, doing no injury even in metritis, so gentle is its entrance into the inflamed cavity."

It is very evident that the use of the probe with the delicacy here described, the only way in which it can be used to advantage is impossible except with the assistance of the speculum. Lee further says: "I have never detected a small polypus within the os uteri or hanging through it, which I had failed to detect with the finger." Truly Hewett, in enumerating the cases in which the speculum, is of service for the purpose of diagnosis, speaks of using it in cases of menorrhagia or recurring hemorrhage for the purpose of ascertaining the presence or absence of small polypoid growths within the os uteri, and which may be so small as not to be detected by digital examination. Lee's second objection is thus stated: "In all varieties of malignant disease of the uterus, scirrhus, fungoid, cancer, and corroding or phagadenic ulceration, the speculum has given me no assistance whatever in their diagnosis and treatment, either in the earlier or advanced stages." While the general assertion remains true, that cancerous affections are not much benefited by the use of the speculum, there are cases in which it is of great service. I had laid aside, but cannot now find, a case in proof of this position, detailed by Dr. Jacobi, of New York city, a case as remarkable for the promptness and decision manifest in the diagnosis and treatment as any I call to mind. The patient had applied to the lying-in department of the hospital, with which the doctor is connected, and had been immediately examined by the house surgeon with the speculum, as appears to be the invariable custom of the institution. The house physician, finding an appearance in the os which attracted his notice, called Dr. Jacobi's attention to it. He diagnosed epithelel cancer, and immediately forced delivery by artificial dilitation, the woman being in about the seventh month of pregnancy. As soon as she had recovered from the immediate effect of her confinement, he extirpated the diseased tissue with a wire loop, heated by the galvanic current. This case is doubtless as exceptional as the skill of the operator; but the convenience of the speculum carefully used in the application of antiseptic and styptic dressings to a cancerous os, or in facilitating the injection of acetic acid into the diseased mass, cannot be denied.

The third class of cases to which the doctor thinks the speculum is inapplicable is the unmarried, "unless pain, severe and almost con-

stant, in the region of the uterus existed, leucorrhœa or hemorrhage which did not yield to treatment; and when the symptoms did make me strongly suspect the presence of some displacement or organic disease." A list of symptoms is here presented fruitful enough in cases to satisfy the desires of any reasonable gynæcologist. I sympathize almost to tears with the chivalrous delicacy of Dr. Lee, and endorse the sentiment that: "In unmarried women, whatever their rank or condition in life may be, the integrity of their structures should not be destroyed with the speculum, nor their modesty wounded by an examination of any kind without a necessity for such a proceeding being clearly shown."

I grant that "numerous cases of leucorrhœa in young unmarried females, when rational, constitutional and local treatment is adopted, perfectly recover when no examinations are made." Hence I should esteem it my duty to give a fair trial under such circumstances to constitutional means and to simple injections. I agree with Dr. Lee, also, that "Even in married women, who are barren, or who have had children, it is unjustifiable, on the grounds of propriety and morality, to institute an examination of any sort, unless the symptoms warrant the supposition that the uterus is displaced, or is in a morbid state, the nature of which cannot be determined by the symptoms alone." But I cannot see in these assertions anything more than condemnation of "chambering and wantonness." Sins that the moral law is sufficiently explicit upon to render a medical essay on the subject superfluous; nor can I, if there is any truth in modern gynæcology, as taught by Byford, Meigs, Thomas Hewitt, Storer, Simpson, McClintock, Hodge, Scanzoni, Duncan, Bennett, Wright, Tilt and a host of others. I may say *all* who are supposed to be the best informed on the subject. Now these last propositions limit very materially the use of the speculum.

As long as endo-cervicitis, endo-metritis, corporeal cervicitis, corporeal metritis, either acute or chronic, are phrases expressing diseased conditions, and not empty sounds, and as long as those affections represent nine-tenths of the diseases which women, married and unmarried, suffer from, whenever they have ailments which are peculiar to them as women, I know not how the speculum can be honestly avoided either as a principal or accessory instrument in diagnosis and treatment. Indeed, the use of the technical terms which I have just given suggest to my mind the only honorable justification for such a work as Lee's. The work is but eleven years old, and yet it is written as if the whole value of the speculum was in the treatment of ulcers of the os uteri, and the existence of these being disproved, the existence of the speculum becomes a shame. He says: "In cases of obstinate leucorrhœa I have often employed the speculum in married women, after I had failed to detect the existence of disease by the ordinary methods of examination. In some of these cases there has been seen an unusual degree of redness of the os uteri, sometimes affecting the whole, and at other times limited to the inner margin, with or without swelling. The white viscid discharge has been seen issuing from the os uteri I have never seen ulceration of the orifice in such a case, and the condition of the interior of the cervix I have been unable to demonstrate either with the bivalve or any other speculum. Nor do I believe that in the ordinary condition of the os uteri it is possible to see the inner surface of the cervix, to any great extent, by any means. When the orifice is unusually open, the lips may be so parted sometimes to a small extent, but never, so far as my observation goes to show, more than an extremely small part of the interior of the cervix."

Poor Dr. Lee! he finds no comfort in the speculum; though "the unusual degree of redness of the os uteri," and the "white viscid discharge" have "been seen," he cannot "see the interior of the cervix with any speculum," and endo-cervicitis and endo-metritis of which these are the effects are not visible—he cannot see them. There is another difficulty, however, under which the Dr. evidently labors, and in this we heartily sympathize with him. He has evidently had a provokingly extensive experience with the pretenders of his day, as is evinced in the recital of some of his cases. He says: "In the year 1827, when I first became acquainted with the speculum and saw it was frequently employed in a great public institution, one patient with ulcerated carcinoma speedily died with hemorrhage after the introduction of the speculum."

Again: "Sometimes one of the lips of the os uteri is in the condition which is called hypertrophy, and which has no relation to cancer; one lip perfectly smooth, and not

usually hard or irregular as in cancer, protrudes beyond the other to the extent of half an inch or three-quarters or more. I have known this state mistaken for polypus, seized with the forceps, dragged down to the orifice of the vagina, and removed with the knife or scissors." Again: "On the 12th day of February, 1850, at the request of Dr. Page, physician to St. George's Hospital, I saw a married lady aged thirty-two, who had suffered seriously from hysteria, both before and after marriage. She was the mother of several healthy children, the youngest being two years of age. The general health was good, the catamenia was regular; there was no leucorrhœa, or signs of uterine disease. This lady was, however, made to believe by a friend who had herself been treated by the speculum and caustics during some months, that there was something wrong about her womb, and that she must therefore consult the practitioner referred to in the last case. The lady did so, and was immediately informed that she was laboring under inflammation and ulceration of the cervix—and that it would be necessary to come to London for six months at least, be confined to her couch and have caustic frequently applied through the speculum. I examined the os and cervix uteri of this patient, both with the finger and eye, but I could discover no trace of inflammation, ulceration, excoriation, granulation or disease of any kind whatever. Never in the whole course of my experience have I seen and felt the os and cervix uteri in a more healthy state." It is very evident that when Recamier's discovery awoke the English and French mind on the subject of the speculum, hundreds made a business of it, who only knew how to introduce it. Strange it is however that the multifarious manifestations of ignorance the doctor encountered should all be laid at the door of the innocent speculum. Surely never was an insensible bivalve worse treated. If any inventor of an instrument, or mode of investigation or operation, should be held reponsible for the deeds of his imitators, what a fearful thing it would be to become one of the benefactors of mankind. Chapman used to tell of a man in Philadelphia, who perambulated the streets in the days of Laennec, with the tube of a stethoscope sticking out of his coat-tail pocket, and of which he made ostentatious use, who could not have heard the the roar of Niagara, if he had been under the sheet. I have read somewhere of an eminent German oculist who said he had spoiled a hat-full of eyes before he learned to extract the cataract.

It is useless to dwell longer on these general considerations. Dr. Lee enters on the detail of his three hundred cases, of which I have made a hasty and very imperfect analysis, and out of the three hundred I find all but ninety-five clearly proper cases for the use of the speculum, if Thomas and Hewitt, and those views they represent in their respective countries, are competent to decide. And of these ninety-five, if the speculum can be forgiven for assisting the sound where tumors are to be diagnosed, or the drop syringe is used, when the causes of barrenness are sought after, I doubt whether a dozen will fairly justify his abuse of the speculum. It may be asked then why I have chosen a writer, whose essay is, in my judgement, so far behind the age, to combat? Why do I put up a man of straw if it is true that his objections have no weight? I answer because just such objections as those have influenced the generation just passing from the stage, and through them the great portion of the present generation, until the works of Thomas, Sims, Byford, etc., gave a new life to gynæcology among us; and just such objections as these are the very ones that are or can be urged by those who have not joined the army of "uterine raiders." To state my opinion in the broadest terms, I should almost say of the speculum what Thomas says of the sound. No case of uterine disease should be regarded as fully investigated, until it has been used either as a principal or accessory instrument. Let us see what testimony in favor of the use of the speculum as a means to facilitate diagnosis and treatment we can introduce to strengthen our position.

James Y. Simpson, Professor of Midwifery in the University of Edinburg, says (Obstetric memoirs, etc., by Priestley and Storer, vol. I., page 44): "It is almost unnecessary to insist at the present day upon the importance of the early and accurate local examination of the uterus in all cases of suspicious vaginal discharge. In some instances examination by the finger may be sufficient, but in every doubtful case the speculum should likewise be resorted to if there is any affection of the vagina or cervix. It will be often found confirming, and not unfrequently also changing and

rectifying the opinion which the more tactile examination had led the practitioner to adopt."

F. W. Von Scanzoni (Professor of Midwifery in the University of Wurzburg, and Councilor to the king of Bavaria, Treatise on the Diseases of the Sexual Organs of Women; translated by A. K. Gardrur) says, page 42: "The introduction of the speculum into the practical treatment of the diseases of females is an attainment of our day; it has inaugurated a great advance, not only in the diagnosis, but in the therapeutics of the diseases of the genital organs. In fact, without the aid of this instrument, the successful and rational treatment of a great number of these diseases, would be as impossible as those of the heart and lungs without auscultation and percussion. It is not uncommon for the practitioner who uses this instrument to discover morbid changes, of which at first he had not perhaps even suspected the existence, but which it was important for him to know, in order to treat his patient with success."

J. Marion Sims, late Surgeon to the Womans' Hospital, New York, ("Clinical Notes on Uterine Surgery," page 6,) says: "Every thorough uterine investigation is naturally divided into two stages: the first requiring the touch, the second the sight." Edward John Tilt, Member of the Royal College of Physicians, etc., etc., "Handbook of Uterine Therapeutics," page 17 and 18, says: "The impossibility of working in the dark will appeal to the sense of the patient, and the assertion of inability to adopt further treatment without more precise information, will impart the clear conviction of its being a duty to submit to accurate internal examination; and the higher the rank, and more virtuous the patient, the less trouble will be found in making her understand the urgency of submitting to so disagreeable a necessity."

James Henry Bennet, late Physician-Accoucher to the Western General Dispensary, etc., etc., "Practical Treatise on Inflammation of the Uterus," fourth edition, 1856, page 33, says: "The recent adoption, by some leading Continental practitioners, of careful instrumental examination in the diagnosis and treatment of diseases of the uterus, has opened an entirely new field to practice, and must lead to a complete transformation of uterine pathology, as it is now presented in the medical literature of this country."

Graily Hewitt, (Prof. of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, "The Diagnosis, Pathology, and Treatment of Diseases of Women," first American edition, 1868, page 238,") says: "By the use of the instrument known as the 'speculum,' we are able to attain ocular evidence of the condition of that part of the uterus which projects into the vagina, and of the orifice or os uteri.''

The cases in which the speculum is most commonly used for purposes of diagnosis are the following: cases of obstinate leucorrhœa, in which there is reason to suspect the presence of an abnormal condition of the cervix uteri, and the glands there situated; cases of menorrhagia, or recurring hemorrhage; cases in which it is considered advisable to examine ocularly the condition of the portia vaginalis and os uteri, and then of obtaining evidence as to the presence and nature of ulcerations, abrasions, excoriations, etc., of the parts in question. It is employed in cases in which it is considered advisable to explore the interior of the uterus itself, to facilitate in some cases the use of the uterine sound, and it is essential in the performance of some operations involving the cervix or os uteri.

What means then the clamor, it may be asked, which is being made in public addresses, medical journals, and by every leading gynæcologist if the speculum is applicable to so large a proportion of cases of uterine diseases?

I answer it means just this: the works I have mentioned, and particularly the brilliant labors of Sims, have awakened hundreds to the fact that the time has come when money, and patients, and laurels were to be won by the use of an instrument, which until now they had reviled. The few honest and able gynæcologists, and even the most ignorant of the quacks, had educated women up to an appreciation of the fact that their diseases were often peculiar to them as women, were to be learned by peculiar modes of investigation, and relieved by peculiar modes of treatment. So the harvest was ripe and there was no end of laborers.

Thousands who for years had no more respectful epithet than "speculum doctor" for the few earnest laborers in the field, and no higher appreciation of their motives than that they "liked to examine the women," now und themselves thoroughly posted in the

science and art of gynæcology. What matters it if they cannot distinguish a case of retroflexion from a pelvic abscess, or a polypus from a cancer; they can introduce a speculum, and their patients are satisfied of their skill, "because they treat after this manner." Very many are pseudo-surgeons who think they can slit a uterus as well as Sims, and will continue to do so, for their reading will hardly reach to Sims' late editions wherein he repents of his former teachings. These are the army of "uterine raiders." They very naturally gave birth to an opposite party of "speculum raiders," who regard the uterus as a harmless, inoffensive little organ, stowed away in a quiet place, having no function to perform save at certain periods of life. Much abused by surgeons and "shored" up by instruments which, to them, look like the drawings of turbine water-wheels, or a leaf from a work on entomology.

Let every honest and conscientious gynæcologist thank God for our great army of "speculum raiders." What a fearful aggravation of a calamity we all deplore would it have been if they too had joined the army of "uterine raiders."

CASE OF AN EXTRA-UTERINE FŒTUS SUCCESSFULLY EXTRACTED BY THE OPERATION OF LITHOTOMY.

By Joseph Bossuett,

Member of the Medical Society of Massachusetts.

In the month of October, 1807, Mrs. Coleman, of Braintree, found herself in a state of pregnancy, attended with uncommon distress, and some pungent pains shooting from the hypogastric to the epigastric regions. She continued in that way until the latter part of the ensuing spring, when she had all the symptoms of a true travail. She sent immediately for an accoucheur, who, not being able to come at the child by the natural passage, ordered large doses of opium, with the injunction to repeat them as often as the pains recurred. A fortnight after that the pain abated * * * the time when I suppose the child died in the abdomen. She was for two months afterward very much troubled by a disagreeable sensation, which she called drawing.

The abdomen swelled to a very large size, which after some time gradually subsided. The three succeeding years she passed without much distress, but at the end of that time she began to experience very acute pains attended with evacuations, by the urethra, of a matter sometimes of a yellow cast, sometimes bloody and of a very fœtid smell, and voided in the same time, by the same canal, some very small bones. A communication also took place between the bladder and rectum, so as to let the fœces and urine pass either way.

During five years before my first visit to her she experienced the most excruciating pain night and day. Having been informed of my recent arrival from Martinico, with my family, and that I resided in Hingham, she sent for me the 20th of May, 1816. I visited her the same day, and after a critical examination found the child in the bladder (mostly in the bladder and partly in the abdomen), crusted over with a calculous matter. Considering her in a dangerous situation I advised her to submit to the operation of lithotomy as the only means of relieving her from her sufferings. She readily consented to it, and the operation was performed by me, the 17th of June, 1816, attended by Doctors Noah Fifield, of Weymouth, and Robert Thaxter, of Dorchester, two respectable members of the Medcal Society, in whose presence one hundred and forty-six bones of a fœtus, about seven months old, were extracted, together with a stone about the biguess of an olive. She has since entirely recovered, and enjoys at present a perfect state of health, without any pain whatever; but the communication between the bladder and the rectum is not yet wholly obliterated.

[redacted]

THE VALUE OF PERCUSSION IN DIAGNOSIS.

By T. D. Crothers, M. D.,

Of Albany, New York.

The value of percussion as a means of diagnosis, depends largely on the skill and accuracy of the operator. Like other means of diagnosis, the data which it furnishes are not always infallible, yet if rightly understood they become invaluable guides that we cannot dispense with. Recent researches indicate that percussion is yet in its infancy, and destined to occupy a far wider field in diagnosis. I have grouped together some general principles, which illustrate its practical value. In active practice it is most frequently of avail,

First, in confirming a diagnosis indicated by other symptoms, as the following cases illustrate:

CASE I.—B. J., dispensary patient; complains of pain through the lungs; cough; shortness of breath; general debility; loss of appetite, etc. Ausculation revealed deficient respiratory murmur. From these symptoms phthisis was determined. Percussion indicated extensive dullness at the apex of both lungs, thus confirming beyond doubt the disease.

CASE II.—D. C., an intemperate man. Persistent derangement of the stomach, with vomiting for months; much difficulty in keeping solid food down. Some obstacle seemed to prevent its free passage. Liquids easier to retain. Sharp pain; much weakness and debility, with tenderness over the stomach on pressure. The length of time the disease had been coming on, with patient's history and peculiar symptoms, pointed strongly to a cancerous growth at the orifices. Percussion revealed circumscribed flatness at the pyloric orifice, confirming the diagnosis, and subsequently an autopsy proved it.

CASE III.—E., æt. 31; suffering from general debility, followed by a fever. There was no marked symptom except tenderness over the abdomen. Diarrhœa and gurgling sounds, with rapid emaciation; typhoid fever was suspected; percussion showed tympanitis, and the diagnosis was decided.

CASE IV.—H., a deaf mute, recovering from rubeola; was seized with chills, and evident severe pain, with shortness of breath, cough and fever. The diagnosis of pneumonia was confirmed by marked dullness on percussion. In these cases the diagnosis was incomplete without the aid of percussion.

Its value is apparent, *Second*, in its indicating some disease not suspected before, as in the following:

CASE I.—S. W., returned from a visit South, suffering from chills and paroxysms of fever; was emaciated; had dyspnœa; supposed to have ague, with derangement of the liver. Percussion indicated flatness over both lungs, which changed with position of the patient. Chronic pleurisy with effusion was diagnosed. The change of treatment was followed by rapid recovery. A few months after he died from an injury, and the autopsy confirmed it.

CASE II.—R. D. complains of irregular bowels and much pain during a movement; has fistula in ano; hemorrhoids; general debility; was treated for constipation. Percussion revealed circumscribed dullness over the right illiac fossa. A tumor was diagnosed. Its cancerous nature was suspected by its lobulated form and rapid growth. Death followed in a few months, clearly proving the disease.

CASE III.—D. S. has been treated for months for hysteria, neuralgia, etc. Is anæmic; respiratory murmur feeble; no appetite; very irregular in habits of living; past history and present habits fully explain the present condition; percussion pointed out dullness over the apex of both lungs, and the diagnosis of latent phthisis was fully confirmed by the after history. These cases are met with in every-day practice, and prove clearly that percussion often points out disease that no other means of diagnosis could determine.

Third.—Percussion is often of great value in pointing out the nature and gravity of the disease. As in

Case I.—Under my care, S. L., a large fleshy woman, taken with severe pain at the umbilicus; constipated bowels which resisted all remedies; percussion revealed a circumscribed space, very sonorous, over the seat of pain, and umbilical hernia was diagnosed. The late Dr. Alden March was called, and an operation confirmed it. In this case the peculiar circumscribed sound came from a strictured portion of the intestine filled with gas, and thus the nature of the difficulty could only be determined by percussion.

CASE II.—In the care of Dr. S., illustrates it still further. A. H., a high liver, subject to sudden paroxysms of pain, was seized with unusually severe pain over the region of the liver, resisting all means of relief, and followed by rapid prostration. Percussion revealed a peculiar dullness over a circumscribed space, under the lower border of the liver, and a distended gall bladder was diagnosed. An autopsy two days after showed complete obstruction of the cystic duct by calculus.

I have met with three cases where the diagnosis as determined by percussion was entirely at fault. I mention them by way of contrast:

CASE I.—J. D., of consumptive family; suffering from emaciation; general debility; slight fever; dyspnœa; dullness on percussion, even both lungs. The diagnosis of phthisis was made by an eminent physician, and the patient advised to travel. On his way to the ocean he was killed by a railroad accident. The lungs were carefully examined; no lesion of any

kind was found. The thoracic walls were very thick, which readily explained the dullness on percussion.

CASE II.—A laboring man under my care was seized with sharp pain in the region of the right nipple, shortness of breath, and the whole side was dilated and tympanitic. In consultation with a learned professor it was diagnosed pneumothorax. On visiting our patient the next day all evidences of disease had vanished, and he seemed in perfect health. A week after the same condition existed, which disappeared in a few hours. A careful inquiry elicited the fact that he had drank largely of soda water before each attack, and the diagnosis was changed to distention of the stomach by gases, and the tympanitic sound was a transmitted one.

CASE III.—A hospital patient. The diagnosis of enlargement of the heart was determined by the increased area of dullness and the absence of any negative symptoms. An autopsy revealed pericardial effusion. These are all common mistakes to be met with every day, demanding increased vigilance on the part of the physician in making out the diagnosis where percussion determines it. Yet in diseases of the thorax no other means of diagnosis is so accurate, if rightly understood. In disease of the heart, enlargement of the ventricles; and pericardial effusion, are readily ascertained. MM. Piorry and Corvisart claim that we can distinguish dilatation of the heart with thinning of the walls, from dilatation with hypertrophy, and also recognize changes from one cavity to another.

Attention should always be paid to the fact that the anatomical position varies frequently. Over the liver enlargement and contraction of its size are easily determined, and frequently cancer or hydatid cysts are diagnosed by the irregular flatness or peculiar shuddering sonorousness. Enlargement of the gall bladder is often accurately diagnosed, yet the liability to err is great in confounding the sounds from the liver, or lungs, or stomach and intestines, with the sounds from the supposed gall bladder. Over the stomach the contents and condition of its walls are apparent, and also over the spleen.

But the abdomen presents the most difficult field, because of the complex nature and condition of its organs; yet no physical means can reveal more to the inquirer than can be learned here: effusions of fluid into the peritoneum; collections of gas or feces in the intestines, or constricted portions; deep-seated tumors, etc.; the condition of the bladder and uterus, during disease or pregnancy—all these can be determined by percussion. Frequently no other means are available in the diagnosis. Over the kidneys, percussion frequently fails to give positive results. The same is true of the head and over the line of the great blood vessels, yet it should always be used, for it may give valuable indications unknown before. The art of percussion is simple and readily acquired with time and attention. The skill of the expert is merely distinguishing between the various shades of dullness and normal resonance, with an accurate knowledge of the size and position of the internal organs.

One reason why so many of the profession are disappointed in the value of percussion, is want of care and attention to its details. They conduct the examination hurriedly, controlled by the condition and circumstances of the patient, and of course the results are indefinite. The following are some of the latest rules which experience and the best authority advise: The patient to be examined should either recline or sit in a chair, with the head and shoulders supported, and at ease. The parts explored to be divested of all clothing. A pleximeter, narrow (that it may be used in the intercostal spaces) of ivory, or any hard substance, with a rubber hammer, will bring out the sounds more distinctly. The finger may be used as a pleximeter and hammer over the thorax, but on the abdomen it is decidedly inferior. A great source of error is in the manner of striking the pleximeter with the hammer or finger. If not done at right angles, or perpendicular to the media, and with the same force each time, the sounds will vary materially, and frequently mislead the operator. The pleximeter, or media, should fit accurately the surface employed, or the resource will be incomplete. Sad mistakes may follow the want of attention to this point. Careful comparisons should be made over the healthy, as well as the diseased regions, and a change in the position of the patient, carefully noting the change in the sound, gives valuable indications. As a rule, short, gentle blows on the pleximeter will be sufficient. If the parts to be examined lie deeply, harder blows are necessary; in all cases, the blows should be rapid, and the moment the force is expended, withdrawn instantly. Frequent and thorough percussion is often de-

manded ere the diagnosis be determined. With a little care, the ear may become very exact in discriminating between the sounds; add to this the ordinary skill (which any one may acquire), and we have in percussion one of the most reliable means of physical diagnosis, whether confirming or pointing out the disease.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

June 22, 1870.

Surgical Clinic of Prof. D. Hayes Agnew, M. D.

(REPORTED DR. DE F. WILLARD.)

Gentlemen: I have first to show you the result of the operation for *Cancer of the Penis*, which was performed in your presence several weeks since (vid. Reporter, vol. xxiii., No. 2). As you perceive, the patient has now a very good stump, and the wound is nearly or quite healed. The skin and mucous membrane are well united, and there is no difficulty in urination.

The case of *Perineal Section* (vid. Reporter, vol. xxiii., No. 4,) is doing exceedingly well, having had no unfavorable symptoms, while the wound is granulating nicely, and he himself passing the catheter daily, so that he will soon be in a condition to be sent to the country.

The case of *Hydrencephalocele* (vid. Reporter, vol. xxiii., No. 2,) is still under treatment, and strangulation is very slowly effected.

Cancerous Disease of the Eye.

I have now to show you a child ten months of age, who is suffering from a terrible disease which must inevitably prove fatal. As you perceive, the eye now projects from the orbit to the distance of an inch or more, and presents a dark, fungoid cauliflower appearance. The mother informs me that she first noticed a puffiness of the lids about three months since, and that since that time the disease has steadily and rapidly progressed. This puffiness of the lids is often an early symptom, and is caused by pressure upon the veins, returning blood from the parts. This is encephaloid cancer of the eye—often called fungus hæmatodes, a term first used by Hay to express the ulcerated state of soft cancer—it is the hæmatoid variety of encephaloid. The child suffers much pain, and its health is gradually failing from loss of sleep and exhaustion.

This disease, which is found most commonly in children, though it may occur in later life, commences as an intraocular tumor, and gradually advances until it fills the whole organ, disintegrating all the various structures until, at last, the cornea ruptures, and we have the open form, as here seen.

The course of the malady in this patient will undoubtedly be rapidly toward death, since the surrounding structures will become implicated, and hectic fever, emaciation, and perhaps hemorrhage, will hasten the final result. Removal would be useless, since return would be certain, and we can only support the strength and relieve pain.

Nævus of Lip.

This babe, 8 months of age, is brought to us with a tumor, occupying the whole central portion of the upper lip. It is soft to the touch, apparently gives no pain, is of a red color, looking exceedingly vascular, and manifests no sign of malignancy, but it gives to the child a very unpleasant deformity, and should be removed. It is a nævus. These nævi consist of a bundle of arterioles or various radicles or capillaries, or all these together, sometimes one being predominant, sometimes another, their color varying according to the one in excess. When the arterial element greatly abounds, they become erectile growths and pulsate, such pulsation being synchronous with the ventricular systolo. They are usually congenital, although they may be so small at birth as to escape notice, and suddenly develop to an immense size, still their growth is gradual in a majority of cases. When nervous, they are also erectile growths, but are of darker color and do not pulsate.

In the case before us, the growth is arterial, and we adopt the surest and quickest method of cure, *i. e.*, removal by excision, since it is upon the lip. The incision will be extended into healthy tissue, and the parts brought together precisely as in a hare-lip operation. Strangulation, caustic applications, hypodermic injections of iron, etc., have all been recommended, and are each applicable to particular cases and in particular situations.

The use of the actual or potential cautery is sometimes very successful. A needle heated to a white heat is often a convenient method of application. Nitric acid and potassa fusa have both their advocates. I would not advise their use. The electric-wire cautery is a tedious but manageable method. Hypodermic injections of iron are too dangerous, since several deaths are reported from clots carried into the circulation.

[The tumor was then removed with the knife. Hemorrhage was entirely controlled by the pins, and adhesive straps were applied to assist in support. The pins will be taken out on the third day. It will be impossible for the child to nurse until union is effected, and it must be fed with a spoon. De F. W.]

Sebaceous Tumor.

This man, 40 years of age, comes to us with a tumor the size of a small hen's egg, situated beneath the angle of the jaw upon the right side. I find that it is not attached to any of the surrounding structures, but is freely moveable, and I can also easily distinguish that it is not beneath the deep

fascia, but is quite superficient. Its growth has extended over a period of nine years, and has been unaccompanied by any pain, both of which preclude the idea of malignancy. It is not an adenoid tumor, for it is not bounded by the submaxillary triangle. Neither is it a fatty tumor, for it is destitute of lobules, and does not impart the impression to the hand of such a tumor. It is a sebaceous cyst.

The sebaceous tumors are usually found upon the scalp or face, but may occur upon almost any portion of the body, most rarely, however, upon the extremeties. They consist essentially of an enlarged sebaceous gland, with retained secretion.

Obstruction of the duct first takes place from inflammatory deposit, or from an abnormally thick secretion, thus giving a purely mechanical cause for accumulation, which slowly goes in, while the sides of the gland gradually assume the character of a sac from the pressure, until at last we have a large encysted tumor, whose contents consist of altered sebrum. These contents are usually thick and whitish, like lard or tallow but sometimes they are thin and offensive; or again like putty, and a few cases are on record when the cyst was filled with calculous material. The cyst at first is thin and delicate, but in time becomes thickened, and sometimes, though rarely, cartilaginous, or even bony. These tumors rarely give serious inconvenience, save when subjected to irritation, in which case they may ulcerate. In number they may sometimes reach a hundred in the same person. Their diagnosis is not often difficult, the characteristics alluded to being usually sufficient to direct us to their recognition.

The only treatment is excision, which will be done in the case before us, the cut being made directly through the tumor, the contents turned out, and the sac thoroughly enucleated, since if a particle remains behind, there is a liability to a return of the difficulty. I shall make the external incision, not in the lines of the folds of the neck, but in the direction of the fibres of the plabysma myordes, since the resulting scar is thus rendered smaller.

[The tumor was then then laid open, and enucleation was quickly effected. The contents were curdy.
De F. W.]

Epithelioma of Lip.

This young woman, G. B., 23 years of age, comes to us with a small scab upon the lower lip, which she says has been forming and reforming for nearly two years, steadily refusing to yield to all forms of treatment. Upon pulling away this scab I see but little ulceration beneath, yet the lip has an unhealthy appearance, and as I stated to you a few weeks since, in my remarks upon epithelioma (vide REPORTER, vol. xxiii., No. 2), I am convinced that it is safer to remove all these growths which are thus stubborn in their character. I need not further discuss the subject of epithelioma, but have brought this patient before you merely to remove a portion of her lip; excision being the best method of removal when the disease is in this situation. A V shaped incision will be made, embracing sufficient healthy tissues to prevent a return of the disease, and the parts will be brought together with the ordinary hare-lip pin and suture.

[The exision was then performed, and all hemorrhage was controlled by the pins. Prof. A. remarked that as there was no glandular enlargement in this case, the liability of return was small. De F. W].

Polypus of the Nose.

This patient, G. B., æt. 54 years, comes to us complaining of an obstruction in her right nostril, which interferes with respirations, and gives a constant sense of fulness and weight upon that side of her nose; she feels as though there were a fleshy substance blocking it up, and often tries to remove it by using the handkerchief. She has only a slight discharge, but her voice is becoming guttural, and she snores loudly at night.

Upon looking into her nose, I discover a small body in the middle nares, looking like an oyster, which is capable of being moved about by a probe, and is attached by a narrow pedicle. It is a polypus, and she informs me that similar growths were removed some nine years ago, and again last autumn.

Polyphoid tumors, named from their fancied resemblance to the animal polypus, are found in nearly all the mucous cavities of the body, but especially in the nose and uterus, and are most frequent in advanced life. Their volume varies from that of a pea to the size of a child's head, while their shape is influenced by the cavity in which they are situated; but whatever their shape, they usually have a narrow base. The forms most often met with are the gelatinoid and fibroid types. The former, which is the one at present under notice, is of a jelly-like structure, looking, as I have said, very like an oyster, and is rarely found in great bulk though often in large numbers. It is remarkably hygrometric, due to its spongy consistency, and when extirpated, is very apt to return, as you see in this case. The fibrious variety is dense and firm in its character, exceedingly tough upon section; is of a reddish hue; has a broad base, and may recur. There is also a malignant form, which grows with great rapidity.

The difficulty which they occasion is mechanical obstruction, though when large they may produce deformity and give rise to pain.

The nose is their most frequent seat, and here we usually find the gelatinoid variety, though the fibroid is sometimes met with. The former have a jelly-like appearance, as in the case before us, being of a white or greenish tinge, of small size, with narrow footstalk, and covered with mucous membrane. They commonly arise from the supe-

rior turbinate bone, but may spring from the septum floor or sides of the nose. In this situation the fibroid polypus is usually single, and when excessive in bulk gives the peculiar appearance known as "frog-face."

Flaubert and French surgeons have described a naso-pharyngeal polypus, which springs from the petrous portion of the temporal bone, or from the sphenoid, which sometimes gives rise to so much distress as to occasionally require even the excision of a maxillary bone to reach and remove it; but several of this variety I have removed without such mutilation. The most prominent symptoms of polypus are those already given by this patient; but in severe cases there may be partial deafness from pressure upon the Eustachian tube, and sometimes entire loss of smell. These symptoms, however, are not diagnostic of polypus, since many of them might arise from any obstruction of the nares, as, for instance, an enlarged turbinate bone, or a malformed septum, and we should therefore always see or feel the tumor in order to render our diagnosis certain. This can usually be accomplished through the anterior nares by means of a speculum and probe, or by the finger passed behind the velum. A gelatinoid polypus may be distinguished from a fibroid by its white color, its smaller size, its less profuse discharge, and its non-impairment of the general system in the latter stages.

In regard to treatment, it is of no use to attempt sorbefacient measures. Extirpation is the only remedy, and this should be so thoroughly done that no fragment remains behind to reproduce the disease.

When the tumor can be reached from the anterior nares, a pair of nasal polypus forceps are gently carried in until the base can be grasped between the blades of the instrument, after which a slow process of twisting or tortion will soon tear away the base with much less laceration of the mucous membrane or injury to the turbinated bones than would occur were traction to be made in a direct line. The hemorrhage will rarely be serious. When the tumor is situated far back in the posterior nares, their removal becomes more difficult, since the forceps cannot be worked, and we are often obliged to resort to the double canula and wire loop, thus strangulating the base either quickly, or by slow compression exerted against the point of the canula for several days. The only prevention against a return is a free removal.

[The head being thrown backward and the tumor made visible, it was quickly torn away by Prof. A., with the polypus forceps. The hemorrhage was slight and the pain inconsiderable. De F. W].

Housemaid's Knee.

I have here two patients, one a female, the other a male, who present similar diseases. They are both affected with an enlargement of the bursa over the fatella, known as housemaid's knee. The occupation of the woman, that of washing, easily explains the occurrence of her complaint, since constant pressure upon the sides of the tub would be apt to produce it. But the man is a watchman, and can remember no injury received upon this portion of his body. These tumors have both been growing for about nine months; are soft and elastic, and are unaccompanied by severe pain, but there is a little soreness after much exercise.

They can both be easily cured by a puncture of this sac and evacuation of its contents, which are usually of a gummy or gelatinous consistence, though when the inflammation is acute may partake more of the serious character. This fluid having been pressed out, ʒi ad. ij. of the *undiluted* tinct. iodine should be thrown in, and allowed to remain; the patient being confined to the bed for four or five days. The tumor will be larger for a few days from the resulting inflammation, but upon its subsidence and the application of pressure, we may rely as certainly upon a cure as in a similar operation for hydrocele. I have never seen any bad results from its employment, and am certain that it is safer and surer than laying open the sac, passing a seton, or using more dilute injections.

There is an acute fever coming on in the course of 24 hours, to which this treatment is not applicable, but which requires rest, leeches, etc., followed by compression, and, perhaps, by blisters. In the chronic form, however, blisters are of little service.

Action of Nitrate of Silver on Nervous Tissue.

M. Grandry has communicated to the *Centralblatt für die Med. Wissen.* the results of his observations on the action of nitrate of silver on nervous tissue. He used the tissue obtained from the frog and rabbit for his experiments, and placed portions both from the centres and the nerves in a one-fourth per cent. solution, macerating them for five days in the dark, and then exposing them for three days to bright light. If the surface of the cord thus treated be carefully teased out with needles, the axis-cylinders are found to exhibit a very regular and sharply defined transverse striation—clear, unstrained striæ alternating with deeply tinted ones. The breadth of the dark striæ varies from one to five thousandths of a millimetre; that of the clear, from one to three thousandths. In addition to the transverse striation, the axis-cylinder also exhibits well-marked longitudinal striation, so that it presents a singularly close, though probably only superficial, analogy to a muscular fibre. Examination by polarised light, however, does not furnish any evidence of the existence of a doubly refractile substance. M. Grandry observed a similar transverse striation of the bodies of, and in the processes given off from, ganglion cells, especially in those of the anterior horn of the cervical portion of the spinal cord.

Editorial Department.

Periscope.

On Galvano-Puncture of Nævus.

Dr. J. Duncan (*Edinburgh Medical Journal*) states that, having experienced the advantage of electrolysis in aneurism, especially in the cirsoid variety, he was encouraged to hope, from the resemblance between this and nævus, that it would prove equally successful in this affection also. He details six cases, of which the following is selected at random:

Case IV was a nævus of the upper lid, with the skin completely involved. Two operations hardened the subcutaneous portion, which was thereafter largely absorbed. After two months, as it was again increasing, an operation was directed to the cure of the skin, which had not as yet been effected by the electrolysis. Its vitality was destroyed, and a black slough separated almost without suppuration. A cicatrix remained, but did not interfere with the motions of the lid.

There can, he thinks, be no doubt that every nævus is curable by electrolysis, though many forms may be more quickly and conveniently cured by other means. To effect a cure, the electrolytic action must not, as in cirsoid aneurism, be limited to the occlusion of the main affluents, but must pervade the whole nævus, and act directly on almost every little vein. But electrolysis cauterizes the tissues as much as it coagulates the blood; and it is evident, accordingly, that when the skin is much affected, a slough will be produced. The slough is tough and dry, excites little irritation, is singularly slow to separate, and does so without a drop of hemorrhage, even though part of the nævus remains. It is, therefore, safe and effectual; but if a cicatrix must be left, there is reason for preferring the ligature as more safe and effectual. The galvanic apparatus is cumbrous, and in most cases the operation requires frequent repitition. On the other hand, he thinks this mode possesses many advantages in subcutaneous nævi beyond the reach of knife and ligature; and he gives an instance of one where the nævus so occupied the hand of a child (a year old) that the fingers protruded from the mass like small roots from a turnip. In this a very successful result was obtained by galvano-puncture, a few hard nodules alone ultimately occupying the palm, and the motions of the hand remaining perfect. Again, those on the cheek and neck are well adapted for it. Granting patience on the part of the patient and surgeon, he thinks in such cases it is superior to injection, ligature, or excision. He uses Bunsen's battery, and has no fear of the development of gas, or its entrance into the circulation to any serious extent.

Pyæmia.

The most recent theory has been promulgated by M. Alph Guérin, at the Academy of Medicine of Paris. Hitherto pyæmia had been considered as the result of an absorption of decomposing secretions, or of phlebitis. M. Guérin disputes this mode of development, and proposes a theory founded upon analogy and clinical observation. He thinks pyæmia is a kind of typhus, a surgical typhus, excited by miasmatic emanations. Ague, says the author, is engendered by marsh miasmata. M. Guérin, it will be seen, is inclined to shake the fetters of mechanical theories, which have hitherto reigned supreme as regards pyæmia.

Pain after Operations.

The *Lancet* says the narcotic effects of chloroform or ether destroy pain during operations, but many patients suffer severely after the narcotism has gone off. To prevent this, Prof. Sédillot, of Strasburg, proposes to divide the tissues with the platinum wire brought to a white heat by the galvanic current. This division should be effected very slowly, so as to prevent hemorrhage. The author states that no pain is felt on awakening; that the wounds heal extremely well; and that hospital complications do not occur.

Arsenic in Irritative Dyspepsia.

Dr. J. C. Thorowgood, in the *Practitioner*, speaks highly of the action of arsenic in many diseases of the stomach. He has found that one-drop doses of Fowler's solution in half an ounce of infus. calumbæ had the effect, in a case he treated, to allay the pain, to stop the vomiting of the food, and to enable the patient to eat and digest small quantities of mutton. He states that the small irritable tongue, with projecting papillæ and yellow or gray fur, indicate arsenic. The more purely local the gastric symptoms, the better is the chance of arsenic doing good.

When there is much general exhaustion of system, with disordered urine or hepatic congestion, it does not promise much.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 3, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade*:

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

FALSE PRETENCES OF QUACKS.

One of the dodges of nostrum venders, and a very successful one, too, is the adoption of the title "Reverend." *Rev.* Mr. ——, has a recipe which has cured him of consumption, and out of motives of pure benevolence he will furnish it free of cost to any one who will send for it, and enclose a postage stamp to pay return postage. The recipe comes, but it contains an ingredient or two that you search for in vain at your druggist's, under cover of names which cannot be found in any medical or botanical work, but our benevolent "Rev." has a supply (and a pretty large one it must be!) which he brought with him from foreign parts, and he will furnish the medicine already prepared for—only two dollars! This class of imposters have no "local habitation." Their letters are addressed to a certain street and number, but they can never be found at home. They operate through the mails alone.

Another of the class accompanies the advertisement of his nostrum in newspaper and railway car with what purports to be his "counterfeit presentment," with black coat, white choker, flowing hair, and preacher-looking countenance.

The *old nurse* dodge is another. A druggist concocts a lethean mixture, calls it "Nurse Thompson's Soothing Syrup," and anon, all good nurses and careful mothers, who think that if their babies "sleep" they "do well," supply themselves with, and keep constantly on hand, the dangerous opiate compounds, which too often give their innocent babes the "sleep that knows no waking." The slaughter of the innocents by these soothing mixtures is fearful, and we have no doubt that much of the high rate of infant mortality during the summer months is due to their use.

Another of the false pretenses resorted to by these reckless deceivers, is the assumption of the name of some well-known benevolent association. There is one indigenous to this city that has assumed the name of an association that was organized many years ago in New Orleans specially for the purpose of mitigating the horrors of that terrible disease, the yellow fever. This mock association is a snare to our susceptible young men, who by the hundred are duped by the specious advertisements in country newspapers into the belief that for some fancied secret ailment they will find a remedy by applying to an institu-

tion conducted on such *benevolent* principles. The fool and his money soon part!

The *American Agriculturist* in each successive number does an excellent work in exposing quackery and imposture of all kinds. The various devices of our modern quacks are made so apparent that only the most willful will be deceived by them.

In a recent article on the abuses of the title "Reverend," the *New York Tribune* has the following very apt remarks:

"We trust that respectable clergymen will pardon us if we say that the profession itself is partly to blame for the free use which is made of it (the title 'Reverend') by unscrupulous adventurers. Whether out of amiability of temper and the desire to oblige, or for some other reason less creditable, clergymen have always been too ready to lend the influence of their names to render advertisements pungent and persuasive. Almost any member of the medical faculty will testify (sometimes with tears in his eyes) that quacks and nostrum manufacturers are constantly cheating ministers out of certificates and recommendations. In respect to pills however inert, of potions however nasty, of infallible remedies, of panaceas and catholicons, ministers are the most credulous of mankind. They will discard the fine old family doctor who has gratuitously physicked and bled them for years, and take to their respectable bosoms any errant and arrant empiric whose fawning may secure their attention, and whose fluent tongue may cheat their understanding. They swallow the mixture; their parishioners swallow the mixture. One congregation doses itself because another has; and the result, glorious and golden, is the sale of innumerable bottles of cheap tinctures and countless boxes of good-for-nothing pills at comparatively exorbitant prices—a cruel fraud if medicine be really necessary, and an insult, if it be not, to many an unoffending stomach."

Notes and Comments.

Influence of the Protracted Heat and Drought in Causing Sickness.

In his report for July, Dr. E. M. Snow says: The number of deaths in Providence, in July, was considerably larger than was expected, and shows, unmistakably the effects of the great and continued heat we experienced during the greater portion of the month. The increase of mortality in July over the corresponding month of last year was almost wholly in the deaths from cholera infantum, a disease of quite young children. There were 22 more deaths last month than in July, 1869, of which increase the deaths from cholera infantum were 20. Of the 42 decedents in July from cholera infantum, 14 were of American and 28 of foreign parentage; of the 79 decedents under 5 years of age, 31 were of American and 43 of foreign parentage.

The following shows the number of deaths in Providence, from summer complaints, in the month of July of each of the last seven years:

July.	1870.	1869.	1868.	1867.	1866.	1865.	1864.
Cholera Infantum..	42	22	4	17	18	24	12
Cholera Morbus....	1	1	0	1	3	1	0
Diarrhœa.....	2	6	3	3	5	4	9
Dysentery.....	4	3	1	5	3	13	11
Totals.....	49	32	8	26	29	42	32

From information received from various quarters, it would seem that the extreme drought of the month of July has given rise to considerable dysentery of a severe type in country places. Though we have had a considerable increase of mortality, the country portions of New England, including some places noted for their salubrity, and even some of our summer shore resorts, are much more unhealthy at the present time than the City of Providence.

Women Nurses in the Prussian Army.

The Grand Duchess of Baden has, says a lady writing from Heidelberg, begged all the ladies who offer themselves as nurses to come in plain dresses and caps—no curls, chignons, etc. This has put a stop to the romantic young ladies and those who do things from vanity, etc. Plain night caps, without even lace on them, are not becoming. You see ladies in dark blue linen dresses going about; only a white collar; sleeves loose, wide, but buttoned at the wrists. Those who belong to the Küche für Krankenpflege have a small bow of narrow satin riband, with "Frauen-Verein Krieg, 1870," printed on it, pinned to their left side. Those who belong to what is called the Reserve, who will be made use of in either capacity, nurse or cook, etc., wear a green bow, the nurses a blue one, and those who attend the linen department a white one. Each hospital has a white flag with a red cross, and the regular hospital nurses, men and women, doctors and dressers, wear a white band round the left arm, with the red cross on it.

The Influence of Fruit and Vegetables on Sickness.

Dr. E. M. Snow, of Providence, R. I., says: "The record of mortality in July confirms the opinion we gave a year since that the use of fruit and vegetables has no influence upon the increase of mortality among children during the summer season. Of the 49 decedents from summer complaints in July, all but 3 were under two years of age, and only one was between the ages of 2 and 12. There can be no doubt, judging both from common sense and from statistics, that the use of fruit and vegetables, in their season, must be conducive to health."

The trouble arises not from *the use* of fruit and

vegetables, but from the *improper* use of them. Unripe fruit, and improperly prepared vegetables, undoubtedly cause sickness.

Passage of Gases in the Body.

At the concluding lecture of his course on experimental medicine for the session 1869–'70, Dr. Richardson made, says the *Lancet*, a very curious experiment, which appears to show that there is a direct and almost immediate passage of substances in the gaseous form through all the tissues of the body, and especially through the coats of veins. Dr. Richardson introduced a fine tube through the nostril of a rabbit into the cranial cavity. Air, or carbonic acid gas, pumped through this tube, instantly made its appearance in the right cavities of the heart. The carbonic acid darkened the blood and stopped the systolic action. Atmospheric air rendered the blood of the right side arterial, and restored the systole.

Correspondence.

DOMESTIC.

A Preventive of Hydrophobia.

[The following communication, coming from a responsible source, we give it insertion, and ask the attention of our readers to the alleged facts. We have often heard among common people that the disease was due to the cause spoken of by Dr. LYNCH, but it is very evident that there is need of more information on the subject.—EDITORS.]

EDS. MED. AND SURG. REPORTER:

Seeing, for some time past, that the newspapers contain statements informing the public that hydrophobia was raging in many cities, and that dogs and cats were becoming afflicted with it daily, I am induced to give the following, in order that those who possess any of the canine or feline species may be provided with an infallible preventive of that terrible malady.

In the early part of August, 1825, an excessive drought was experienced in Ireland, so fearful that by it vegetation was almost entirely destroyed.

During this time many quadrupeds were attacked with hydrophobia, and, consequently, were the means of the destruction of several inhabitants, cattle, etc. My father was, at that time, medical attendant to a dispensary in the county of Westmeath; and, hearing of the ravages caused by rabid animals throughout the country, he sent to many noted papers and periodicals his opinion of the cause of hydrophobia, and also informed them of a reliable preventive, which latter I still remember, although I was but 10 years old at the time. It has been successfully practiced in that country up to the present day.

It consists in making an incision into the most prominent part of the papilla of the animal's tongue, and extracting the worm deposited therein.

Immediately after the operation the wounded part should be washed with the following:

℞. Spts. ammoniæ,
Acetum destillatum, aa. f.℥j. M.

S.—Wash the parts well with this twice a day for two days, then omit.

The above operation must also be performed on the animal's tail, as another worm will be found there. The average size of the worms in dogs and cats from two to four months old is that of a common apple maggot. Knowing this, you will understand that the incision need not be deep or long.

The animals that became rabid while this preventive was being practiced in Ireland were closely watched and examined, but no sign of the worm having been extracted could be discovered; while on the other hand, those animals that underwent the operation, and after treatment did not become rabid, although many were bitten at various times by rabid fellow animals. Others, on whom the operation was not performed, and who became rabid, evinced symptoms diagnostic of the presence of the worms.

They were seen, in the height of their madness, biting the end of their tongues and striking their tails wildly about them. In some instances an inch or more of their tongues would be found, on examination, bitten completely off. Their tails were also found curved at the tips.

Now, gentlemen, from the preceding facts, I deduce the consequent that the cause of the predisposition to madness in quadrupeds exists in their *tongues* and *tails;* hence, by removing the cause, the predisposition to madness will be obliterated, and humanity in general benefited. Hoping that other medical men will plunge deeper into this matter, give the experiment an impartial trial, and inform me through the columns of THE REPORTER as to its success, I remain yours, etc.

E. LYNCH, M. D.

Lancaster, Ohio, Aug. 19, 1870.

P. S.—The existence of the worm in the tongue and tail of those animals is undoubtedly true, for I have frequently, when a boy, seen it extracted by mechanics and laboring men who were the owners of dogs. The best time for its extraction is about the ages of two or four months, but it is "better late than never," hence I would advise the operation to be performed at *any age.*

———Two little sons of Dr. G. D. Jacques, of Phillips county, Arkansas, aged nine and thirteen, were drowned last week while bathing.

News and Miscellany.

A Curiosity.

In another column we publish a communication, which, besides its intrinsic value and interest, is a decided curiosity. We are indebted for it to the politeness of Dr. S. W. Francis, who found it among the papers of his late honored father, John W. Francis, M. D.

Von Græfe.

In a communication to the New York *Tribune* Dr. Wm. F. Holcombe, of New York, a former pupil of the late Prof. Albrecht Von Græfe says of him:

His reputation as an occulist was world-wide, and there are many who have been his patients in North and South America, Europe, Asia, and Africa. He was the son of a celebrated surgeon of Berlin, and received a thorough medical education. About the time he entered his profession as an occulist in Berlin, the ophthalmoscope was invented by the eminent and learned doctor and philosopher, Prof. Herman Helmholtz, of Heidelberg. This instrument completely revolutionized opthalmic science, and contributed in no small measure to the success of Von Græfe. The labors of these two men, together with those of another most remarkable man, Prof. Donders of Utrecht—a giant in science—have done more than all others combined, to advance our knowledge of diseases of the eye and of the anomalies of vision. With the aid of the opthalmoscope the interior of the eye is as perfectly visible as the exterior. Before it was invented the treatment of ocular diseases was guess work or inference. Von Græfe was the first to use the instrument; and most thoroughly did he employ this means of perfecting his judgment. Before this instrument no one had a clear idea of the internal eye in health, much less in disease, so that it was a vast work to explore this little orbit in its different aspects, normal and abnormal. In order to learn what tissues were affected, blind eyes were studied by the newly found instrument, and when incurable, were removed and examined by the microscope as well. Thus, after years of study, ability was gained to perceive the earliest invasion of disease, and to judge of the tissues affected, and by degrees the means of curing diseases heretofore regarded as incurable. In his ability to diagnosticate internal diseases of the eye, Von Græfe was unequaled. He did not attain his great reputation by accident nor by any peculiar "genius." His strength lay in his ability and his willingness to see things as they are. His mind was not imaginative, but he always faithfully improved his vast opportunities for the observance of diseases, and his sound judgment enabled him more speedily and certainly than almost any other man to determine their nature.

Prof. Von Græfe used a liberal fortune, inherited from his father, in building up his knowledge of his profession. He established a hospital and dispensary for the poor, and employed young men to aid him in the investigation of disease. It was in this institution that the celebrated Dr. Liebrich, oculist to the Empress Eugenie, culled the material for his wonderful atlas, showing the eye as it appears in health and disease. And here, too, Dr. Schweizer, the learned physiologist, studied the microscopic appearance of this organ, normal and abnormal. Here students from all parts of the world flocked to the great master to see him examine his patients, witness his operations upon them, and hear his admirable descriptions of disease. For sixteen months the writer enjoyed the priceless privilege of the hospital and teachings of Von Græfe, and there first comprehended the vastness of the field for study, although he had been a pupil of the oculists of France and Great Britain, and had been conversant with eye diseases for years. The voice of the great teacher is silent forever, but those who enjoyed the benefits of his instructions will ever hold him in affectionate and grateful remembrance. He inherited, it is said, an annual income of $25,000, while that from his profession has been recently estimated at $100,000. Sought after by people of rank and wealth from all parts of the world, by princes, kings, and emperors, he gave to rich and poor alike his earnest attention. His power of describing disease in simple language was so remarkble as to make his pupils wonder that they could not have taken the same common sense and clear view of the cases before them.

He was only about 46 years old at the time of his death. His form was slender, his height five feet ten inches, with a slight stoop in the shoulders. He had a high, broad head, bluish gray eyes, long, dark brown hair, and flowing beard, streaked with gray. His voice was soft and pleasant, though in speaking he seemed as if suffering from asthma. His movements were quick and nervous, his walk rapid, almost running, and his whole bearing that of an earnest, faithful worker, determined to do all he could while life, which he seemed to realize would be short, remained. He was naturally gay and cheerful, and generally responded to every call for his service. The people of Berlin idolized the man; none spoke of him but with praise; and the world will unite with them in their testimony to the simplicity of his nature, the nobility of his character, and the superiority of his intellect.

Volunteer Surgeons.

The Medical Committee of the German Patriotic Aid Society announces that 20 surgeons have been

accepted to serve as assistant surgeons in the German army, of whom 18 have been sent to the theater of war. Among them we notice the names of Drs. W. N. Davis, Samuel C. Ermantrout and J. M. Hoffman, of Reading.

Before his departure for the seat of war to take his position as surgeon in the Prussian army, Dr. J. M. Hoffman presented to the College of Physicians and Surgeons of Reading his valuable library and automical and surgical collection, and a valuable collection of the most approved surgical instruments.

—The Paris correspondent of the *British Medical Journal* says: The medical profession in France, except in Paris and four or five large provincial towns, is miserably remunerated, and is in a state of extreme poverty. This arises from the inadequacy of fees, the enormous increase during recent years in the expenses of living, and the excessive number of practitioners, who settle wherever there is a chance of an income being made.

——Dr. Paul Otey, of Memphis, has taken his departure for Paris, he having received from Napoleon the appointment of surgeon in the French army.

——Dr. F. J. LeMoyne has made a donation of $10,000 for the establishment of a town library, to be placed in the Town Hall at Washington, Pennsylvania.

——A court in Michigan has decided that a physician is not warrantor or insurer of a case, and he is not to be tried by the result of his remedies. His only contract and duty is to treat the case with reasonable diligence and skill.

——An English life insurance company has just aid the insurance of a man who took out his policy in 1799 and died recently at the age of one hundred and three—the first instance in which insurance has been paid on the life of a centenarian.

Dr. Wm. Marsden, of Quebec, has been elected an honary member of the Gynæcological Society of Boston, Mass., and a Corresponding Fellow of the Obstetrical Society of Edinburgh.

QUERIES AND REPLIES.

——*Miss.*—(You forgot to sign your name to the letter!) The U. S. Dispensatory, quite recently issued, costs $10. Dunglison's Medical Dictionary is the best—price, $6.75.

OBITUARY.

VON GRÆFE.

Professor von Græfe, who has long been in precarious health from phthisis, died in July. He had for some months been away from his practice; but the fact that he had survived several severe illnesses of a similar nature made his friends more hopeful than they would otherwise have been. In him the world loses its foremost ophthalmologist, one whose brilliant originality was equaled only by his steady industry. Not only was Græfe great in the practice of his profession, but as a teacher his influence was almost unbounded. Although comparatively young himself, he had taught almost all the present school of ophthalmic surgeons. His introduction of iridectomy was, without doubt, the greatest step in the operative surgery of the eye since the introduction of operations for the cure of cataract. Probably, there are now living some thousands in the possession of sight, who but for him would have been in darkness. It is one of those gains which is complete in itself, permanent, and beyond the reach of skepticism. It is priceless. Græfe was an untiring observer, and never allowed his pressing engagements to interfere with the record of his vast experience for the good of others. Although he had done a vast amount of other work, still, however, his discovery of iridectomy shines with such preëminent lustre that the inscription,

"He cured Glaucoma",

would be by no means inappropriate. As a man, Græfe was everything that is admirable, and secured the love of all who knew him. He was open, generous, unostentatious, eager both to give and receive knowledge. His personal appearance was as remarkable as the qualities of his mind. His face so closely resembled one of the extant portraits of our Saviour, that he was known amongst some of the less reverent of his countrymen by the cognomen of *Christus*, a fact which sufficiently implies its highly spiritual type of beauty. The *Wiener Medizin. Wochenschrift*, in announcing Græfe's death, says: "German science loses in him one of her greatest celebrities, and suffering humanity one of its greatest benefactors. With Graefe, a combination of geniality, erudition, self-devotion, energy, and amiability, such as is rarely found in one man, has descended into the grave. His name will ever remain most prominently connected with the history of ophthalmic surgery." According to the same journal, he was only forty-one years of age at the time of his death.—*British Medical Journal.*

MARRIED.

Nye—Crum. Aug. 17th, by Rev. Samuel Patterson, Dr. Hiram Nye, of Homewood, Pa., and Miss Eva Crum, of Enonvalley, Pa.

Dunbar—Kuhn. Aug. 17th, at McKeesport, Pa., by Rev. Wm. Speer, D. D., Hetty S. Kuhn, daughter of Dr. John S. Kuhn, and E. L. Dunbar, of Eagle Harbor, Michigan.

Prather—Kyle. Aug. 16th, at the residence of the bride's father, Dr. James Kyle, North Vernon, Ind., by Rev. E. H. Wood, Mr. Walter Scott Prather and Miss Kate Kyle.

Smith—Griscom. Aug. 25th, in New York, at the residence of the bride's parents, by Rev. Geo. H. Houghton, D. D., Clement L. Smith, of Upper Derby, Pa., and Emma G., daughter of Dr. John H. Griscom, of New York.

Thomas—Curry. Aug. 10th, by Rev. J. C. Nevin, late missionary to China, Dr. G. L. Thomas, of Philadelphia, and Frank M. Curry, of Canonsburg, Washington co., Pa.

DIED.

Atlee.—In this city, suddenly, Aug. 18th, Ann Eliza, wife of Washington L. Atlee, M. D., aged 62 years.

Reed.—At Trenton, N. J., Aug. 18th, Levi, infant son of Dr. E. H. and Sallie E. Reed, aged 15 months and 28 days.

Smith.—In this city, Aug. 27th, Mabel Lena, infant daughter of Dr. R. C. and Eliza M. Smith, aged 3 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 706.] PHILADELPHIA, SEPTEMBER 10, 1870. [Vol. XXIII.—No 11.

Original Department.

Communications.

PROBABLE MORTALITY OF SCALDS AND BURNS IF GREAT EXTENT OF SURFACE BE INVOLVED.

By A. D. Binkerd, M. D.

Of Parker's Landing, Pa.

I report these two cases partly for the benfit of the young practitioner, and partly as a reminder to the profession, showiug what dangerous ground we tread upon in venturing an unguarded prognosis in cases of scalds or burns, when a considerable extent of surface is involved.

Recently it has been thoroughly demonstrated that the skin contains a large amount of highly sensitive nerve matter, while the great mass of the nerve centres is naturally in a state of partial anæsthesia.

In this arrangement the wisdom of the Creator is doubly demonstrated. 1st. The outer nerve fibres, nearest all possible danger, are the most vigilant in the discharge of their duty—the most zealous for the welfare of the body. 2nd. The nerve centres being less sensitive, enable the patient the better to endure injury to or inflammation of the parts.

The whole nervous system is subject to a subtle, indescribable, injurious influence, the result of external violence, which, for want of a better or more comprehensive term, we call *shock*. Any considerable irritation of the skin in some way or other inflicts a corresponding degree upon the nerve centres.

The danger of life in scalds, burns and other severe extensive irritations of the skin, is generally commensurate with the severity of the shock sustained by the patient. This was lamentably demonstrated, only a few years ago, in the State of New York, by a minister whipping his child with a shingle. His inhuman flagellation was bestowed upon the greater portion of the surface of the child's body. This extensive and severe irritation of the skin produced such a shock to the young and susceptible nerve centres as to result fatally to the child.

Every surgeon knows that if erysipelas follow in one case the opening of an abscess in each of two patients, one of whom fainted during the operation, the erysipelas will appear on the patient that fainted.

The shock then is the main thing to be provided for or guarded against. It is the effect of some cause, and that cause is the irritation to the sensitive peripheral nerves.

The severity of the shock depends not so much upon the force of the irritating agent as upon the extent of surface involved. In other words, if the irritation be extended over a considerable area, the shock sustained by the nervous system is greater than if the same amount of irritation be expended upon a smaller space, even though the wound be deeper.

Probably for this reason it has been stated of those who have died of extensive, though not deep burns, that they had inhaled fire and thereby sustained mortal injury. In two cases out of three it is safe to question the statement. But since this erudite opinion generally satisfies the friends of the deceased, and no one cares to investigate the matter, time rolls on, and the error is promulgated by high authority.

There are, doubtless, instances in which the patient sustains internal injury by inhaling flame, steam, and noxious gases, but I believe them to be very rare, at least in persons who have escaped from the fiery ordeal with life. The following is the argument I offer in support of my position:

1st. At any fright or gust of wind in the face, or dash of water upon the chest, or anything threatening violence to the lungs, the glottis is instantly firmly closed; and so long as the danger continues, it is held so, unless a sense of suffocation greater than the feared danger forces the muscles to yield in hope of getting air. It is possible to hold the breath for one minute without fatal results. It is not possible to remain so long in a brisk flame without sustaining mortal injury.

2d. The carbonic acid and moist vapor exhaled from the lungs would extinguish the flame before it could do much injury, even though it had entered the mouth. In short, I do not believe that the "internal injury" theory will stand the crucial test of science.

At 7 A. M., July 28, 1870, there occurred at this place another gas explosion, followed by the usual disastrous conflagration so common in the oil regions. The Allen well, where the explosion occurred, is on the river bank, only a few rods from the water. The sucker-rods and tubing had been drawn for repairs, and the oil flowed at intervals through the casing as high as the top of the derrick. Falling back it soon filled the conductor hole, where it stood like water in a well. By and by it found its way unobserved into the cellar of an adjacent building. Here the gas accumulated till it filled the cellar, and made its way into a room on first floor, where it was ignited by a fire that had just been kindled in a stove. In an instant the fire was communicated to the gas and oil issuing from the well. This was accompanied by a tremendous explosion that turned many eyes to the spot, only to witness a horrifying sight.

Mr. John Wesley Rinker, one of the operatives, had just entered the derrick when the explosion occurred, and George Carter (a lad of 19 years) was passing along the road between the house and the well at the same instant. Both were seriously burned. Mr. Rinker's clothes being saturated with oil, burned like a torch till he ran into the river and extinguished the flames. This occupied about two seconds of time. Mr. Carter's clothes being dry burned less fiercely, but he also ran into the river, where they would both have perished but for the help of friends who came to their rescue.

Being called in great haste, I repaired to the scene of the accident as speedily as possible. I found Mr. Rinker very badly burned; pale from intense suffering; walking the floor uttering lamentations, and calling every few minutes for fresh cold water. The woolen shirt, except the seams, was literally burned off, leaving the chest, arms, neck, and face a blackened, roasted mass, full of agony. The skin of both arms, back and chest was hanging in shreds, while some of the fingers had slipped out of their integument, which resembled the fingers of a torn glove. The hair was burned to a crisp almost to the scalp. The entire surface was excoriated or congested from the hair of the head to the waistband of the pants.

I administered at once about a grain of the sulphate of morphia, and made all possible haste, assisted by several attendants, to cover the parts with soothing applications, such as carbolic acid and glycerine, linseed oil, flour, raw beaten eggs, sufficient to make an impervious coating over the raw surface, then a layer of carded cotton and a roller bandage finished the dressing. As there was yet no abatement from suffering, I gave two grains more of morphia. In about an hour his system began to respond to this powerful anodyne and he had a little rest. He was not free from pain, and constantly craved water. The expression of countenance and the great extent of irritated surface convinced me, in a moment, that the patient could not survive. After reaction took place the machinery that carried on the vital functions simply ran down. He soon became delirious, vomited freely from excessive drinking, and died, comatose, on the the evening of the third day.

Several physicians of much experience were called in, and I was surprised that some of them entertained hopes of the man's recovery.

The skin of the entire chest inclosing the vital organs, together with that of the arms and hands, neck and face, was either crisped, blistered, or highly congested. In such cases, I would think it requires but little experience to put the physician on his guard in giving a prognosis.

I did not see Carter for several days after the accident, as my partner, Dr. Hall, was attending him. Carter was very badly burnt, having about five superficial feet of excoriated or highly congested surface, his breast and sides being very little injured. The shock was followed by reaction and a bounding pulse, which was measurably controlled by equal parts of the fluid extract of veratrum and sweet spirits of nitre in eight drop doses every

four hours, or at greater interval, according to the condition of the pulse.

Saline cathartics and anodynes were called into use when indicated. For some days his recovery seemed doubtful, but he is now out of danger, except from intercurrent disease.

When this patient was only two years old he sustained a severe burn which left a deep scar just below the right scapula; now, after the lapse of seventeen years, the same part was again severely burnt. It may be of interest to your readers to know that the analogous tissue of the first burn shows no tendency whatever to heal, but is sloughing out down to the bottom of the old burn, where the margins look dark and unhealthy.

We are using the ointment of which I gave the recipe in number two of this volume. The more we see of its effects the better do we like it. Since we deem it worthy of trial and confidence, I will give the recipe again, as adapted to the warm weather of summer:

℞. Bees wax melted and strained, f.℥j.
Flaxseed or sweet oil, f.℥ij.
Tannin or tannic acid, ℥j.

Mix as follows: put in a clean tin vessel and melt the wax; add the oil, and stir till they are thoroughly incorporated with each other, then set off the stove and continue to stir at short intervals till cold; add the tannin immediately after setting off. As bismuth is the most offensive drug in the former recipe, I did not use it in this case, but I added with, I think good effect, a few drops of liquid carbolic acid to the ounce. After thoroughly cleansing the parts every day, and the free use of this ointment on patent lint, the smell disappeared, the suppuration ceased, and granulations are abundant and healthy everywhere, except on the old burn, which continues to run, but with a marked change for the better.

Medical Societies

COVINGTON AND NEWPORT MEDICAL SOCIETY.

Diseases of the Viscera of the Pelvis.

By Charles Kearns, M. D.

(Reported by J. W. Haddock, M. D.)

The viscera of the pelvis, when diseased, present difficulties in diagnosis which have determined me to report to the society three cases which have come under my observation, two of which have never been clearly understood, one still under treatment.

The first case was a female, unmarried, 26 years of age, and from the examination and symptoms hereafter to be described, was thought by myself to be an *ovaritis*. Menstruation occurred regularly, without anything unusual, until the 25th year, when, from unknown causes, it became painful, requiring opiates, fomentations, etc., with confinement to bed for four or five days. The interval between these attacks was marked by no evidences of disease, except, perhaps, a little loss of flesh. These pains, at this time, preceded the flow, and after quiet had been obtained, the flow commenced and terminated as in health.

This state of things continued six or eight months, when the pains, instead of preceding the flow, as at first, followed it.

Twelve months after the commencement of this dysmenorrhœa the pains during the menstrual period were referred to the right iliac region, and upon examination an enlargement was discovered, which became a well marked movable tumor, with but little tenderness to the touch, but to the patient producing a painful sense of weight and uneasiness, which, under treatment, or from natural causes, disappeared in four or five weeks, leaving no reminder but these pains, which now succeeded the menstrual period, with less severity and which have since so gradually and completely disappeared that she cannot recollect with any exactness their termination.

On examination I discovered no unnatural heat, no displacement or enlargement of the womb; in fact, nothing but the dysmenorrhœa and enlargement in the right iliac region indicated any departure from the normal state.

The second case was an enlargement in the right iliac region of a woman who had borne children, and had arrived at the age when menstruation ceases. She was attacked with dysentery, which ran the ordinary course, and was discharged but a few days when the difficulty occurred—I may say was ushered in by a tumor in the right iliac region, which was painful to touch and well defined, but differing from the other in being more movable, very painful, and distinctly gravitating to the most recumbent part of the body. This was thought by myself to be an extension of the inflammation of the large intestine as far as the cœcum, involving its appendage. After leeching and other appropriate treatment the pain ceased, and the tumor was sensibly diminished. Sloughing of the rectum was superadded to her other troubles, and after divers consultations I was discharged. Another physician was called, who reported her death to me in a few days, as evidently resulting from the gangrenous inflammation of the rectum and adjacent tissues, the ilio-cœcal tumor not afterward complicating the dysentery sufficiently to require treatment.

The difference, physically, between the enlarge-

ments is manifest. The first was lower down, less movable, and was always free from any thing like intense pain, never giving, externally or generally, any indications of active inflammation, and if it was an ovaritis, must necessarily have been of long standing to enlarge the organ sufficiently to force it from its natural position in the pelvic cavity, where it was distinctly felt and seen. The passage of fœcal matter from the bowel in the first case did not give pain. In the second, peristaltic motion without a discharge was sufficient to produce at the point of enlargement intense agony, and the evidences of acute inflammation were marked.

The first case, from the previous dysmenorrhœa, from the pain during the menstrual period being referred to that point, and from the absence of pain except at this time, must in some way have been connected with the organs of generation. If inflammation of an ovary, it must have been chronic, as it gave rise to no general symptoms of inflammation, and must have terminated by resolution. If an ovarian dropsy, its growth was slow, its size too small to feel fluctuation in the sac, and its termination unusual by absorption.

The second case, a secondary affection resulting from the extension of a previous inflammation. The first idiopathic, or so obscure as to its cause that, although ovaritis is a rare disease, I think I am justified in my diagnosis.

The third case, is one of more obscurity than either of the preceding and, necessarily of more interest.

On the 12th of March I was called to see Eliza K———, æt. 23 years—unmarried. She had taken cold, had headache, pain in the limbs and back, a furred tongue and a frequent though feeble pulse. She had menstruated twelve days before I saw her, and generally had no difficulty. I prescribed for her, and on the fourth day discharged her. Six days afterward I was called to see her, and upon examination found in right iliac region a small, well defined, movable, painful tumor. So painful as to prevent rest at night. I made an examination per vaginam, thinking it must, in some way from its location, be connected with the uterus; found the vagina cool and moist, the uterus in its natural position, and, as near as I could determine, of natural size. By making firm pressure upon the os she complained of pain in the right side. I gave her a brisk cathartic, and ordered leeches applied to the enlargement, after which the tumor diminished in size and was less painful.

The girl's habits were sedentary and work hard, sewing for a living, and doubtless her living none of the best. Had no companions, being comparatively a stranger; was melancholy, and upon close inquiry learned that she had practiced masturbation for three or four years. After the leech bites would permit, applied iodine, giving small doses of calomel and opium; the tumor increasing in size, less movable and more painful. It now occupied the right inguinal region, extending along the inguinal canal to the pubes, occupying a part of the hypogastric and umbilical regions, leaving, where the tumor first made its appearance, a well marked circular prominence, its hardness, as described above, being distinctly traced with the hands.

This case differs from the preceding two in diffusing itself rapidly; from having, so far, no connection with menstruation; in being at the present time immovable; in having no ailment precede it, unless her indisposition of a few days could be called so; in having her bowels move regularly and freely without increasing the pain or materially affecting her in any way. I mention her habit of pollution because I have seen it stated that nymphomania may produce an ovaritis, and that ovaritis may produce nymphomania.

The peculiarity of each of my cases is their situation in the right side; but their symptoms are so dissimilar that they are analogous only in situation.

This case now presents such diffused hardness that, as has been suggested to me, it may be an abscess forming in the abdominal muscles—really it is the most likely; its irregular shape, rapid growth, and continued painfulness. Acute ovaritis is a rare idiopathic disease, is rapid in its course and dangerous in its results; but chronic irritation or congestion of an ovary is thought to be common, and may result in enlargement without any active symptoms of inflammation. Ovarian cysts are of slow growth, and are generally painless.

The enlargement in the last case continuing, I thought, with the aid of Dr. King, that the circular prominence was softening, and using the exploring needle found pus; afterward enlarging the opening, there was a discharge of at least three pints of very offensive matter; the discharge continued in abundance ten days after lancing; general health still good, or should say improving, with every indication of complete recovery.

Needle Gun and Chassepot Wounds.

The *British Medical Journal*, August 20th, says: It is stated that of the wounded who are received in the German hospitals, the least severely wounded are the French prisoners who have been hit by the projectiles of the needle-gun. Unless they strike full upon the body these balls, in the majority of cases, inflict mere flesh-wounds. From their elongated forms, they turn readily upon striking a bone, and, consequently, the wounds are comparatively trifling. Far more serious are the ragged wounds inflicted by the Chassepot, which, at short distances, appear to hit extremely hard; but worst of all are the wounds of the mitrailleuse balls, which seem completely to smash any bone against which they strike.

EDITORIAL DEPARTMENT.

PERISCOPE.

Address in Surgery before the British Medical Association.

We present below an outline, comprising the essential portion of Mr. GEORGE Y. HEATH'S address in Surgery before the British Medical Association, at its meeting in Newcastle last month. It contains many valuable thoughts and suggestions, barring its national, not to say provincial, exclusivism:

THE AUDACITY OF MODERN OPERATIVE SURGERY.

You, gentlemen, among whom are some of the most intrepid operators of the day, will have no difficulty in recalling examples of the Audacity of modern Operative Surgery. You know that the boldest exploits recorded in surgical annals have been repeated but recently; that, in obstruction of the gullet, the stomach has been opened, and the patient fed through the opening; that the kidney has been cut down upon, and stones taken from it; that the aorta has been tied; that the removal of the whole upper extremity (the shoulder-blade, part of the collar-bone, together with the arm) either on account of accident or of disease, has become a not unfrequent proceeding. Upon the table before you there is perhaps as large a mass as has ever been taken away along with the upper extremity—an immense enchondroid tumor. You know, that operations which but a few years ago were counted unjustifiable, such as ovariotomy, are now established on the firm basis of success; that feats even more startling, which might make even the initiated tremble, have been undertaken in isolated or comparatively rare instances, with a fortunate result; that the spleen has been taken away, the kidney extirpated, as a sequel to ovariotomy; and, not to multiply examples, that the uterus has been removed several times alone, and also together with a large cyst and with all its diseased appendages, constituting a large mass.

But it must not be supposed that, because these great operations are cited as illustrations of the audacity of modern operative surgery, they have no other claim to our admiration. Many of them were successful endeavors to save life under the most unfavorable circumstances; and none were undertaken but after a patient investigation of facts, or without a careful and judicious consideration of all the aspects of the disease and of the condition of the patient. All were performed according to sound surgical principles, and for the removal of disease in itself necessarily fatal.

CONSERVATISM OF MODERN SURGERY.

The term Conservative, as applied to Surgery, is quite of modern origin, and dates from the year 1852, when it was first made use of by Sir William Fergusson. The conservative spirit, however, influenced the practice of surgeons in much more ancient times, as we know from the works of Paulus Ægineta, who distinctly speaks of the excision of the joint-ends of bones, and of the removal of entire bones in lieu of the amputation of the limb.

The story told by Garengeot of the man whose nose, having been bitten off in a drunken quarrel in a wine-shop, fell into the kennel, was picked up, washed and reapplied to the face and grew there, can scarcely be quoted as exemplifying Conservatism in the special sense which has been given to the term in recent years. A predecessor of mine in this town, some fifty years ago, acted quite within the strict meaning of the term when, in a case of compound dislocation of the ankle-joint, where certainly most surgeons of that period would have amputated the foot, he merely removed the astragalus and saved the limb. The gentleman who had the good fortune to be the subject of this, at that time, somewhat unusual act of conservatism, was afterwards well known to me, and walked with only a very slight halt. Another Newcastle surgeon, who, I am happy to say, is yet hale and well, practiced the excision of the os calcis some time before the mention of the phrase by which we would now characterise the operation.

It is, however, since the publication of Sir Wm. Fergusson's paper that the attention of the profession has been more thoroughly roused and directed to this principle in surgery, which, during the last ten or fifteen years, has been more and more widely acted on, and is now so completely established as to be one of the most marked characteristics of modern Operative Surgery.

EXCISION OF JOINTS.

The removal of diseased joint-ends of bones is at present one of our most common proceedings, and has gradually been applied to most of the articulations in the body. The excision of the separate bones of the tarsus and carpus, and of the whole shaft of long bones, is not less frequent; and even such bones as the shoulder-blade and collar-bone have been several times removed, the extremity which they support being preserved.

RESECTION OF BONES.

It is interesting to note the advance which has taken place, in a conservative direction, in the

method of performing resection, itself the stronghold of conservatism. The external incision, at first more or less complex, has been reduced in most situations to a linear and less extensive one; the amount of bone thought necessary to be removed is less; and recently the practice of subperiosteal section has been adopted, by which an important structure is preserved and reparation favored. After excision by this method we rarely meet with those cases of withering, the result of too extensive removal of parts.

AMPUTATIONS—THROUGH THE KNEE-JOINT.

Even in what we might call the hostile territory of amputation the same principle is at work, leading us to remove limbs at points as far distant from the trunk as possible, as in the amputation through or immediately above the ankle-joint, instead of below the knee, and through the knee instead of at the middle or lower third of the thigh. Few amputations are followed by a more satisfactory result than that through the knee-joint, when done so as to leave an anterior flap to cover the end of the bone, from which the articulating surfaces need not be removed. The wound heals rapidly; no raw surface becomes exposed; and a shapely useful stump is the result. These conservative amputations possess several advantages, since they not only leave a more serviceable stump, and interfere less with the symmetry of the body, but they also increase immensely the patient's chances of life.

The cast upon the table was taken from the thigh of a young woman whose recovery would assuredly have been much more doubtful had amputation through the mid-thigh been resorted to. Her leg had been frightfully mangled in a steam thrashing-machine, and the bones broken into small pieces up to the knee-joint; a quantity of blood had been lost; and, when seen, she was in such a condition of collapse that the propriety of any operation seemed doubtful. It was just possible to obtain an anterior flap to cover the end of the femur; and, death being otherwise certain, amputation through the knee was done. The pulse afterward was barely perceptible; and for thirty-six hours it seemed most unlikely that life should be preserved. Subsequently she rallied; and restoration to health was ultimately rapid. She was able to be out of bed in fourteen days; and the stump entirely closed in a very short time.

PRESERVING THE NASAL BONES.

A peculiar signification is given to the term "conservative" by Sir W. Fergusson, who uses it to designate those operative measures by which limbs or other parts of the body are more or less completely preserved. Such proceedings as have been already mentioned come strictly within this meaning; so, too, would some of the modern operations for the removal of growths from the jaws and the neighborhood of the orbit. Malignant growths occupying the ethmoid cells and displacing the eye outward, as well as exostosis springing from the os frontis, it may be extirpated by means of a proceeding which preserves the nasal bone, and, as a consequence, the contour of that important feature, the nose. This bone is raised up along with the skin covering it, so that it may be laid down again in position after the operation and preserved; the only structure absolutely removed along with the diseased growth, in addition to portions of the ethmoid, being a part of the nasal process of the maxillary bone. The mark left after this measure is exceedingly trifling.

REST AND POSITION IN TREATMENT OF COMPOUND FRACTURES.

The treatment of an ordinary compound fracture could not be looked upon as falling within the meaning of conservatism in surgery; but I know no other term which can adequately describe the carrying through to a successful termination a case of such aggravated injury as would raise the question of the propriety of amputation.

There are perhaps few questions in surgery which afford a greater test of judgment, experience, and decision, than that which we have to ask ourselves in certain cases of injury—Shall this limb be removed or not? When the question has been answered in the negative, there are also few cases which afford a greater test of our patience, perseverance, readiness at expedients, watchfulness, minute attention to details, and capability of using mechanical forces.

One at least of the most important elements in the successful treatment of such cases is to be found in the great principle of rest, as carried out by means of apparatus which shall at the same time perfectly support the limb and retain it in position, and allow dressings to be applied without disturbing it.

After speaking of several different forms of splint invented and used by different Newcastle sergeons, with the view of securing rest and retaining the limb in position, Mr. Heath goes on to say:

As I have assumed that we are more fortunate in saving severely injured limbs than were our predecessors, the question may fairly be asked by what particular means this result is obtained, seeing that thirty years ago the ordinary principle of fixing the limb and keeping it at rest was enforced, as at present, by suitable apparatus; and that the rest of the treatment was also in most respects similar to that now in use, such as the removal of broken pieces of bone, the practice of incisions when required, and so on. I would reply—1. That the attempt to preserve limbs is made more frequently at present, modern surgery being more thoroughly conservative; 2. That we have a greater choice of, and also improved, apparatus for keeping the part at rest;

3. That our knowledge—though still very incomplete—of the mode in which some of the most frequent causes of failure in the treatment of these injuries, as well indeed as of other wounds, has increased of late years, and therefore our power of coping with them has also increased.

HOSPITALISM AND THE USE OF ANTISEPTICS.

This brings me at once to the verge of two large and weighty subjects, the consideration of which, however, is quite beyond the scope of my design. I should merely wish to observe that, while I believe that the employment of antiseptic agents constitutes an important principle in modern surgery, I also think that their use has scarcely received so unprejudiced a consideration as it deserves, in consequence of its being so much identified in the minds of the profession with one particular method, one special agent, and one peculiar theory of disease.

STRAIGHTENING A CROOKED LIMB.

There is here a cast of a badly united leg, which was almost useless, and the seat of constant pain. The patient would gladly have exchanged his burdensome limb for a wooden pin; but, acting in the spirit of conservatism, although the word was not then used, I cut out a wedge from the projecting tibia, divided the fibula with cutting pliers, and set the bones straight. The result is seen in the fellow cast. This operation was performed more than twenty years ago; but I had an opportunity of seeing the patient a few days since, and he informed me that, although the leg operated upon is somewhat shorter than the other, he has never experienced the slightest inconvenience, and for these twenty years it has been a good, serviceable limb to him.

ABSTENTION FROM USE OF THE KNIFE.

There are few structures of the body which have been the field of more brilliant and daring operations than the arterial, whether these have been executed to stanch the flow of blood from a wounded vessel, or for the cure of aneurismal disease. Such operations have been oftentimes as successful as they have been daring; but too often, also, they have been brilliant failures, followed by a fatal result; sometimes life has only been preserved at the expense of a limb. Much has already been done in modern times to diminish the number of such failures, and to further the conservation of limbs by the employment of mechanical measures in the place of cutting operations. In carefully adjusted position, for instance, we have a ready means of modifying the force of the arterial stream. The mere elevation of a limb exercises considerable influence over its circulation; but other positions, such as extension and flexion, either with or without elevation, may be so employed as to keep the blood stream under almost perfect control.

ELEVATION AND OVER-EXTENSION TO CHECK THE FLOW OF BLOOD.

A young woman was admitted into University College Hospital, a good many years ago now, whilst I held the office of House Surgeon under Liston, in that institution, with a wound of the superficialis volæ artery, inflicted by the point of an oyster-knife; the injury had been done some days before her admission, repeated attacks of bleeding had occurred, and vain attempts had been made to secure the ends of the vessel in the wound; the hand was swollen and inflamed, and the wound in a sloughy condition. I had her arm raised very high upon pillows, and stretched out in the extended position, by bandages to the hand, whilst irrigation with cold water was employed to the wound, which was uncovered. No bleeding recurred. At the time, I believed that the elevation of the limb was the sole cause of the arrest of bleeding; but I am now inclined to think that the extended position of the arm was also not without some effect.

My attention was first drawn to the effect of this position two years ago by one of the surgeons of the Lariboisière, who informed me that he had ascertained by experiment that by extreme extension the force of the arterial circulation might be materially modified. I have myself experimented upon this position, and find that, in thin persons particularly, extreme extension, or, as it may be shortly called, "over-extension" of the elbow-joint, enfeebles the pulse at the wrist, and where the elbow-joint admits of being so extended that the end of the humerus presses forward against the artery, the pulse is entirely extinguished. Abduction of the shoulder-joint and over-extension of the wrist aid this effect. In the lower extremity, if a hard cushion be placed under the buttock, and the hip and the knee-joints over-extended, the pulse at the ankle is also very greatly enfeebled. I have not employed this method in cases of actual bleeding; but although the position might be difficult to enforce, believe that it would be useful, at least as an auxiliary measure.

OVER-FLEXION TO CHECK THE FLOW OF BLOOD.

The power exerted by the bent position of a limb, or over-flexion, upon the blood-stream, first came under my notice a good many years ago in this way. In the year 1848 or 1849 a traveling jeweler, who had a booth at one of the periodical fairs in this town, having occasion to get up in the night, struck his leg, whilst walking across his booth, against the sharp projecting end of the broken top of one of his jewel cases. He fell to the ground in a fainting state; and Mr. Featherstonhaugh, a surgeon here, was hurriedly sent for to see him. Mr. Featherstonhaugh found a punctured wound high up in the leg, passing deeply between the bones, and bleeding furiously; being alone in the middle

of the night, and without instruments, no operation could be attempted; and he endeavored to stay the bleeding by plugging. This was utterly impossible; in spite of his efforts, the blood continued to well up from the wound like water from a spring. Mr. Featherstonhaugh was at a loss for a time what course to pursue, when it occurred to him to bend the leg forcibly upon the thigh; the flow of blood at once slacked, and pressure by pads now easily arrested the hemorrhage. The bent position was not kept up in this case, and bleeding recurred, on account of which I saw the man with Mr. Featherstonhaugh; and ultimately the anterior tibial was ligatured at the wound, and a piece of broken glass removed from the interosseous membrane.

The point in the case which I now wish to notice, is the marvelous effect produced by bending the knee. This effect was never forgotten by me; and since that time, but more particularly of late years, I have frequently had recourse to this expedient to stay arterial bleeding, sometimes temporarily, often permanently. For some time I hesitated to trust to this proceeding alone. Latterly, however, I have frequently done so, and have treated wounds of all the vessels of the forearm; of the radial, in the middle of its course, and near its termination, between the metacarpal bone of the thumb and that of the forefinger; of the ulnar and its upper third; of the superficialis volæ and the palmar arch, by flexion of the elbow. I have not had such frequent opportunities of testing this means in the lower extremity, but have employed it occasionally to restrain secondary bleeding from stumps, with marked success, and also in a case of malignant disease in the lower third of the tibia, where profuse hemorrhage followed an exploratory incision.

From certain experiments performed under Mr. Heath's direction, as well as from those cases of actual bleeding in which this method has been used, it may be fairly inferred that we possess, in overflexion, a blood-controlling agent of considerable power, which can be applied on the shortest notice, which requires neither instruments nor apparatus other than can be obtained in the poorest cottage; which can be put in force by any one possessing neither special knowledge nor operative skill; which is not dangerous in itself; and which may be relied upon with certainty to restrain bleeding, at least temporarily, even when it may fail permanently to arrest it. The bleeding from a wounded artery is so striking a thing—so many circumstances concur to attract the eye and arrest the attention—the crimson blood flying in jets across the room, or welling from the wound; the deathlike aspect of the bleeding man—his livid pallor and convulsive agitation; these are so appalling; the absolute danger is so great and imminent, that we do not wonder if the ordinary by-stander is palsied by affright, and the surgeon himself deeply impressed by the gravity of the situation. It is to such a scene that suddenly, and without preparation, he may be summoned, perhaps to some remote place, it may be in the middle of the night. Without assistants, except the terror-stricken spectators, who encumber the room, by the flickering light of a candle, a practiced operator might hesitate to undertake the search after the wounded vessel. If, then, at such a time, the mere flexion of a joint will remove the danger, allay the tumultuous excitement, dissipate the apprehension and anxiety, and relieve the surgeon from an embarrassing and perhaps doubtful operation, were it only temporarily, it is surely a valuable addition to our resources.

But when I find that in the upper extremity overflexion may be relied upon as a permanently efficacious measure, enabling us, in wounds of the palmar arch for instance, to avoid a tedious and perhaps mischievous dissection in the palm, or the ligature of all the arteries of the forearm or of the brachial; when I recall to mind the controversies which have prevailed as the best treatment of repeated and secondary hemorrhages; the choice offered to us between a tedious, difficult, and uncertain dissection in the midst of an ill-conditioned wound, or among a huge collection of clots, in search of the bleeding orifices, and a serious operation to ligature the trunk, in the lower extremity at least—an uncertain, not always effectual, and sometimes dangerous, proceeding; when I read in the most recent systematic works on surgery, that secondary hemorrhage from the deep arteries of the leg is a sufficient reason for amputation, and remember that I have myself seen a person narrowly escape amputation of the hand in consequence of wound of the palmar arch, I cannot but think I am justified in offering to your consideration this method as an illustration of conservatism in surgery. If you consider this account tedious and unnecessarily long, I must express my regret; but as this mode of staying the flow of blood from bleeding arteries is only just mentioned in the last edition of Mr. Erichsen's *Science and Art of Surgery*, and not even alluded to in Mr. Holmes's, the most complete and popular systematic works on surgery of the day, it seems that some account of my own experience of the effect of position might not be altogether uninteresting.

A more remarkable example of abstention from the knife is to be found in the

PRESSURE-TREATMENT OF ANEURISM.

Sir William Fergusson remarks that when Hunter tied the superficial femoral for the cure of popliteal aneurism, he performed a great act of conservatism but modern surgery has acquired in the same direction results still more important and more beneficial to humanity; aneurism of nearly every artery in

the body, including the carotid, the subclavian, the iliacs, and the aorta, having now been cured by pressure. The old or slow pressure method was an advance upon the ligature; but what I believe was first named by myself—the "rapid pressure treatment"—must be considered to be in some respects even a greater improvement upon the older plan.

The rapid pressure treatment may be considered but the natural development of the older method, and, like many other triumphs of modern surgery, owes its practicability to chloroform. Having been, myself, somewhat concerned in its introduction, it would not become me to speak too strongly in laudation of it.

I should rather leave to those who best know what dangers encompass him who is submitted to the knife and the ligature—the shock, the suppuration, the erysipelas, the pyæmia, the gangrene, and the secondary hemorrhage—the appraisement of a measure which, after a few hours' sleep, leaves the awakened patient free from his disease, with no wound to heal, no further risk to run, and to say whether any surgical proceeding ever more truly deserved the application of the old maxim—*Cito, tuto, et jucunde.*

THE SUCCESS OF MODERN SURGERY.

There remains to be considered the last of the characteristics which I have attributed to modern Operative Surgery, namely, its success.

It is in one sense a matter of indifference to what part of Operative Surgery I turn for illustrations of its success; they abound everywhere. They might be found in the subjects we have already treated; or I might take to choosing at random some special department, say the orthopædic,

ORTHOPÆDIC SURGERY,

and adduce the wondrous metamorphoses produced by its agency in proof of my position—the variously twisted and useless feet opened out, straightened, and made serviceable; the withered bent limbs made strong and shapely; the hideously distorted trunks conjured into symmetry; transformations worked with a perfection, a facility, and an absence of pain to the patient which seem little short of miraculous when we look at the condition of this branch of our art some forty or fifty years ago;—transformations, too, not now confined to some special metropolitan hospital, but which may be undertaken by any provincial surgeon who understands his business. I might describe the mechanical apparatus, so nearly perfect, constructed upon scientific principles, and adapted with careful design to each particular deformity, and which greatly assist the surgeon to overcome difficulties and enable him to complete the tranformations, toward which the division of tendons is only the first step. Here, too, I might refer to an aspect of our art most interesting to study—the moral effect produced by raising a misshapen, halting creature to the condition of a straight and well-proportioned man—an aspect which brings mechanical art into a close and remarkable relation with the subtle and mysterious problems of psychology. I prefer, however, as more in consonance with my design, to take examples from fields which have been more generally cultivated, and for a longer period, by the great body of the profession, and from operations which contain in themselves all the essentials of treatment independent of the assistance of the mechanist.

LITHOTOMY.

The operation of cutting for the stone, for instance, furnishes an example of this description. There have always been individual operators who have been remarkable for their success in cutting for the stone; thus twenty, twenty-five, thirty, as many as forty persons have been cut in succession by different surgeons without a death; but such examples would not serve the purpose I have in view, which is to show the success of modern Operative Surgery in this operation, not the skill of any individual. Let us take, then, the lithotomy operations performed at any provincial hospital throughout a series of years, and distributed among several different surgeons—say, for instance, the Newcastle Infirmary. In this institution, between the years 1859 and 1869, included, lithotomy has been performed in sixty-four cases, and of this number two operations only have been followed by fatal results. These sixty-four operations occurred in different proportions in the practice of six different surgeons, who, during the time stated, have held office at the infirmary for longer or shorter periods. The ages of the patients varied from $2\frac{1}{2}$ years up to 70, both of these extremes being among the successful cases; 29 were 10 years of age or under 10; 16 were upward of 40 years old. Of the two fatal cases one was 38 years of age, the other 52. The average time between the operation and the date of dismissal from the infirmary was 28 days. The operation performed was the ordinary lateral one, which, introduced by Cheselden and modified by Liston, is that, I believe, most usually practiced by British surgeons.

These cases, then, were not of an exceptional character, but in every way examples of the ordinary kind of cases which may be expected to occur in hospital practice; they were not in an unusual proportion of the most favorable age; they were not all in the hand of one operator, who might be supposed possessed of unusual skill; nor did they come under treatment during one particular short period, when for some special reason it might be thought that a run of favorable cases might occur; and they were operated upon in a provincial hospital, where we do not arrogate the possession of unusual skill or success. We may therefore fairly assume that the results give us at least an

approximation to the average success which the operation of lithotomy had attained at the period of their occurrence.

The ordinary rate of mortality after this operation, as calculated from a large number of cases, not confined to recent years, is stated by Coulson and others to be about one in seven. Sir William Fergusson states that, out of fifty patients under 15 years of age cut by him in the whole course of his experience, two died. This is above the average of success given by Coulson for the same age, but it must be considered below the rate of success of the Newcastle Infirmary for the time stated, the operations at this institution being on persons of all ages.

If, then, I am correct in putting forward these cases as representing an approximation to the average results of modern lithotomy, it must be conceded that they constitute good illustrations of the success of modern Operative Surgery.

It has already been stated that the operation performed was the ordinary lateral one, and I am not aware that there was any peculiarity in the way in which it was carried out by any of the operators; with the exception that, in some of the operations on children, performed by myself, the stone was removed by the finger alone introduced into the bladder, and without the employment of forceps; nor was there any peculiarity in the after-treatment pursued. The instruments used were of the simplest description—the usual laterally grooved staff, sharp-pointed lithotomy scalpel, and forceps.

The success of the modern operation of lithotomy may be attributed in part to this simplicity of the instrument used; in part to the greater gentleness with which in modern times we employ our tools, particularly the forceps, so that we avoid the pulling and hauling with both hands, the violent movements of instruments from side to side, which in former days were not unfrequently witnessed, and the consequent bruising of the neck of the bladder and other structures, proceedings fraught with dangers which I need not enumerate; and greatly also to the use of chloroform, by which the operation is robbed of more than half its terrors; and thus patients are encouraged to seek relief from their pain at an earlier period than formerly, and whilst the urinary organs are still not seriously affected by disease.

The modern procedures for the relief of strangulated rupture, for the extraction of cataract, and of ovariotomy, will afford us equally notable examples for the success of the operative surgery of the day.

STRANGULATED HERNIA.

By the modern operation for hernia, I mean especially the operation without opening the sac, perhaps the most satisfactory and successful proceeding in the whole range of surgery, aiming at so splendid a result as the rescue of a life from imminent danger. The operation, when the sac is opened, is itself much more successful in the present day than it was thirty years ago, being usually put in practice after a much shorter period of strangulation, and followed by a more sensible and rational after-treatment; but the operation without opening the sac is, I believe, as absolutely certain of success as any proceeding can be. I can remember when the result of herniotomy was considered so doubtful that every device was had recourse to to avoid it, from the injection of tobacco to placing the patient on his head, or trundling him down the street on a barrel; and I have heard a physician of great repute condemn the proceeding altogether as dangerous and unnecessary, asserting that the strangulation might always be relieved by repeated doses of calomel.

It is not astonishing that the result was uncertain when we consider the mode of operation not unfrequently adopted in those days. After a long and dangerous period of strangulation, we had an external incision running the whole length of the hernial tumor, followed by a painful, tedious dissection, occupying sometimes the better part of an hour, layer by layer, down to the sac; this reached, it was opened to an extent commensurate with the external incision, and its contents assidiously manipulated, probably by more than one pair of hands, to ascertain the condition of the bowel; the stricture was then divided, the knife being passed in dangerous proximity to the bowel, which occasionally has been wounded even by the best operators; and when the operation was over, the surgeon was not satisfied until the maimed and bruised bowel had been further tortured by purgatives and coerced into unnatural action.

How different is the modern proceeding! A small cut less than two inches in length is made over the neck of the sac; a little dissection with the handle of the knife or the finger-nail reveals the edge of the ligamentous structure; a few fibres are divided; gentle pressure is made upon the sac, which may not even have been seen; the bowel slips up, and all is over. The whole business does not occupy ten minutes; an opiate is given, and the surgeon has no further anxiety about his patient.

I know it may be said that this method cannot always be adopted; and indeed, in looking over some recently published cases of herniotomy, I must acknowledge to have felt some surprise at the frequency with which the sac has been opened.

It has fallen to my lot, as indeed to that of most operators, to operate in such cases pretty frequently; and for the last fifteen years I have rarely found it necessary to open the sac. Unless, indeed, there be some special reason for doing this, such as the

great length of time during which the rupture has been down, the manifest pressure of a large mass of omentum, or indubitable signs of change in the bowel, such as emphysema, putrid smell, or the like, I invariably attempt the reduction without opening the sac; and, according to my own experience, the test of the propriety of the proceeding is its practicability, for I have never in my own practice known a fatal result where the sac was not opened.

EXTRACTION OF CATARACT.

By the modern operation for the extraction of cataract, I mean the method—by whatever special name we call it, whether scoop-extraction, or Schuft's operation, or modified flap-extraction; whether the iris is touched before or after the extraction of the lens, immediately before or some time before, which consists essentially in a comparatively small incision through the cornea, the removal of a portion of the iris and extraction of the cataractous lens by gentle manipulation, aided by spoon, curette, vectis, or other similar instrument, diversely employed; for I take it the same principle pervades all these methods, however they may differ in minute details. I claim for these modern operations, although each may be more particularly applicable in special cases, a greater and more uniform success than belonged to the old flap-operation.

I acknowledge that nothing can be more brilliant and striking in its performance, nor more excellent in its result, than a perfectly successful flap-operation after the old mode. After such a proceeding, when entirely successful, there is a scarcely perceptible cicatrix, a transparent cornea, an unmutilated iris, an undisplaced, round, central, clear, black pupil, and consequently sight as perfect as is possible after the removal of the lens. But then, how frequently does this perfect and complete result ensue? We must confess but rarely. How often, on the contrary, are the hopes of the operator disappointed even when all goes well at the operation! How often do we find that the edges of the wound become separated, that part of the iris protrudes, that the healing is delayed, and that ultimately there is a partially disclosed or distorted pupil, with broad cicatrix, and more or less imperfect sight!

In the modern operation, although the pupil is necessarily somewhat misshapen, we can yet reckon with considerable, if not absolute certainty, upon a result so far successful as to give good useful sight. Although, then, the old operation in exceptional cases gave a result which left nothing to be desired, the new operation gives a more universal and assured success.

OVARIOTOMY.

I need not detain you by any lengthy reasoning to show the success of ovariotomy in recent times. You know that, from being looked upon as one of the most fatal performances a surgeon could undertake, from being stigmatized by some of the greatest men as a frightful butchery, it has risen to take its place as a well-recognized proceeding—more successful than some older and long established operations. It is, indeed, emphatically one of the most brilliant examples of the success of modern Operative Surgery.

GENERAL REMARKS.

These three operations do not, at first sight, appear to bear any close resemblance to each other, being undertaken for very different purposes, and one taking place in a little world, as it were, apart from the rest of the body. Yet a brief examination will show that they possess some features in common; and, although each may depend for its success upon some particular proceeding more or less special to itself, will enable us to discern certain principles common to all three, greatly influencing their favorable termination. Thus, in all three operations, a serous cavity containing important structures is more or less involved, and each may fail by reason of inflammatory action destroying or impairing the functions of these structures; or, as in ovariotomy and hernia, by reason of other serious consequences, to which procedures affecting such regions are more particularly liable.

The operation, without opening the sac, manifestly owes its success mainly to the fact that the peritoneum is not opened, and to the consequent exclusion of air, blood, or other contaminating fluids from the abdominal cavity; but the small size of the external incision, as compared with the importance of the structures actually divided, and with the still greater importance of those indirectly affected, is also not without great influence, as well as the trifling amount of bleeding and consequent absence of blood within the external wound.

The modern modes of extracting cataract are less frequently followed by unfavorable results, mainly because the removal of the iris prevents prolapse of that structure between the lips of the wound, and consequent delay in healing, morbid changes in the cornea, and contraction of the pupil; but also because the limited size of the corneal wound prevents loss of vitreous humor, excludes air from the anterior chamber, assists generally in preserving the integrity of the eye, and allows more rapid healing; while the entrance of blood into the c amber is always an accident to be deplored, and sometimes injuriously affects the result of the operation. And in ovariotomy, although special circumstances affecting either the tumor or the patient exercises undoubtedly great influence over the result, nevertheless I conceive that this remarkable operation, which does not really require great operative skill or extraordinary manual dexterity, and which not

unfrequently succeeds under apparently unfavorable conditions, as when adhesions exist, or when the patient is reduced to a condition of extreme weakness, is most likely to have a favorable termination where the wound in the abdominal parietes is small, four inches or less in length; when the time occupied is comparatively short; where the abdominal cavity and its contents have been little exposed to the air; and where in particular neither blood nor other fluids have entered in any quantity or remain in the abdominal cavity. Ligatures, whose material seems almost a matter of indifference—wire, catgut, or hemp—may remain with impunity, but not blood, at least in any quantity.

Here, then, are certain common principles greatly affecting the success of each of these different proceedings. 1. The limitation of the external wound, as compared either with the magnitude of the part to be removed, or the importance of the deeper structures involved, or the greatness of the result to be obtained, or, in other words, the approximation of the operation to a subcutaneous wound. Herniotomy without opening the sac, and the new operation for cataract, may be really regarded as equivalent to subcutaneous operations; whilst the small opening in the abdominal wall, through which the enormous mass of disease is drawn, really gives to ovariotomy a certain approximation to that form of proceeding. 2. The exclusion of air from the wound itself, or from the serous cavities involved. 3. And last, but not least important, the exclusion of blood from the wound itself, or from the cavities involved. Although these principles may be considered specially important in such cases as these, where a serous cavity is implicated, we have constant opportunities of observing their importance in operations generally. Indeed, it is natural to infer that the principles which, carefully carried out, lead to the success of such an operation as ovariotomy, should also powerfully affect the success of proceedings upon less important structures.

In the excision of joints, as now performed, as well as in the extirpation of growths from the bones of the face, we have examples of the limitation of external incisions. This principle, quite distinct from conservatism, not only favors rapid healing and diminishes deformity, but also, by covering in raw surfaces more effectually and permanently, diminishes the risk of entrance of air into wounds.

Amputation by anterior flap, though not an example of the limitation of incision, shows the good effect of the complete covering in of raw surfaces. There is a cast here of another stump left after amputation of the knee-joint, where a posterior flap was formed. The flap was amply sufficient to cover the bone at the time; but, primary union not taking place, the flap gradually slid down, leaving a raw surface uncovered. Healing was long delayed, and the patient was necessarily exposed to many risks which I need not enumerate.

The importance of the exclusion of blood from wounds left by operation can hardly be overrated. Every amputation of a limb, or removal of a tumor or diseased breast, affords an example of the impossibility of affecting rapid union where blood or bloody serum is allowed to collect between flaps or in the cavity of a wound; and the danger of septicæmia from such a cause in the early days of an operation will be recognized by every one. The application of torsion to bleeding arteries will greatly assist us in carrying out this principle; and the exclusion of air has been considered a matter of such importance that a variety of means have been employed to effect it, which I can only allude to here, such as the water-bath used in Berlin, and the *appareil pneumatique* at the Hôtel-Dieu. But, without employing any such special apparatus, by the management of our preliminary incisions, and by methods of dressing, with or without antiseptics, much may be done to effect this important end.

In the foregoing observations I have endeavored to demonstrate the increased success which attends modern operations, and at the same time to trace out some of the principles which tend to that success, such as the management of primary incision so as to limit the external wound, approximate it to a subcutaneous wound, and facilitate the covering in of raw surfaces; the concurrent principle of exclusion of air, with or without the assistance of antiseptics; the exclusion of blood, with the consequent increased immunity from blood-poisoning; and the use of chloroform, which brings our patient to the operating-table so much earlier, and before secondary diseases have arisen, lessens shock, and facilitates all our proceedings. In addition to these there is another of totally different character, which must not be overlooked; this is the greater diffusion in the present day of operative skill throughout the surgical profession.

OPERATIVE SKILL IN THE SURGICAL PROFESSION.

It is greatly to the improved education, which places at the disposal of the student the means of learning the use of his hands, that this increased amount of operative skill is owing. The time is not so long passed but that some here may remember it, when the student of surgery might be said to have been taught everything but surgery; how to write in Latin; how to make chemical experiments; minute and transcendental anatomy; intricate questions in physiology, and many other things. But the one thing which more than any other he would be called upon in actual practice to do—namely, to use his hands, he was not taught. He attended lectures, indeed, upon the principles of surgery, and, if his inclination lay toward practical surgery, he

might gather some knowledge of it in passing through the wards of hospitals, and in the operating theatre; but he was not put through any systematic course of teaching by which he might learn how to use a knife, how to put on a splint, or even a bandage; and he might pass, as many a student absolutely did pass, into the ranks of the profession a highly educated man, full of professional learning, and yet totally unversed in the practical proceedings to be adopted in the simplest cases to which he might be called.

How completely all this is changed in the present day I need not tell you. You know that in every medical school and hospital, by means of systematic courses of lectures; by means of clinical teaching; and by means of dresserships and other appointments, every opportunity is afforded to the student of educating his hands, his touch, his muscular sense, and of familiarizing himself with proceedings in which manipulation is required. Hence, although it may be in some degree true of the surgeon, as of the poet, that "nascitur non fit," nevertheless, men do now enter upon their active professional life infinitely better prepared, and more likely to make good and successful operators than they did in former times.

The interchange of knowledge, by means of the periodicals of the day, the rapidity with which a new and improved proceeding or a brilliant operation becomes known throughout the profession, tends also to the general level of our success; and, moreover, I will venture to say that an association like this, which gives to us obscure provincials the opportunity of seeing and hearing the brighter luminaries of our time, and brings vividly to our mind, every advance which from year to year may be made in our art, exerts a more potent influence upon the origination and spread of improvements and upon the upraising of the general standar d of professional power than has yet been recognized.

Reviews and Book Notices.

NOTES ON BOOKS.

We have received from E. Lloyd, 30 Cortland street, N. Y., one of his great War Maps of Europe. As we read about the great and terrible battles being fought between the French and Prussians, we naturally wish to fix our eye on the spot. Here is our opportunity. *Fifty cents* unmounted and $1.25 mounted and varnished, is the very low price of these maps, which include the whole of Europe.

The *Hours at Home.*—We are sorry to say we are going to lose, not the Magazine, but the name. We must say that we think it a mistake to change it to "*Scribner's Monthly*;" but that seems to be the tendency now, and we will submit if the Magazine maintains its excellence. And why should it not, as Dr. J. G. Holland, "*Timothy Titcomb*," is hereafter to be the editor? This is one of the best Magazines that comes to our table. Long may it continue so. This is hereafter to be an illustrated Magazine. Scribner & Co., 654 Broadway, N. Y. $3.00 a year; $2.50 with the Reporter.

Every Saturday has taken high rank as an illustrated paper. It is profuse in its illustrations. Not satisfied with the ordinary space generally devoted to illustrations, it issues each week a single or double cartoon. The number for Sept. 10 is a very fine one. It contains several European war pictures; portraits of M'lle. Sessi and Mr. George W. Childs, of this city; summer pictures, etc., etc. Fields, Osgood & Co., Boston, Mass. $5.00 a year; $4.00 with the Reporter.

BOOK NOTICES.

Medical Diagnosis with special reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M. D., Lecturer on Clinical Medicine; Physician to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia, etc., etc., etc. Illustrated with Engravings on wood. 3d Edition, Revised. Pp. 844. Philadelphia: J. B. Lippincott & Co. 1870. *Price*, $6.

Dr. DaCosta's work has been before the profession for several years, and has become, in this country, an accepted authority on the subject of medical diagnosis. Dr. DaCosta being a practical physician of experience, it is a little surprising to us that he does not more frequently make use of cases that have come under his own observation to illustrate his text. Yet, with characteristic modesty, while he refers to cases published by other practitioners, many of them of far less experience than he has had, he studiously avoids reference to his own cases, in the hospitals of this city, numbers of which, for several years past, have been faithfully reported for the pages of this journal and published, after having passed under his own supervision. We find but a single instance in which this valuable material was made use of. A little of his experience, as published in the *American Journal of the Medical Sciences*, is referred to, but on the whole, we think our author does not in his work do himself justice as an observer—and there are few superior to him—by making use of his own recorded experience; and to this extent we believe he has allowed himself to detract from the value of his book. Nevertheless, the work is of exceeding great value to the practical physician, and must for a long time supply the wants of the American practitioner in this line. After a while some one else will write a work on medical diagnosis, when justice will be done to our present author, who is perhaps the best living diagnostician.

The publishers have issued the work in excellent style, in good, large type, on tinted paper.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 10, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

THE BRITISH MEDICAL ASSOCIATION.

Like our own American Medical Association, the British Medical Association is a great, almost unwieldy body. It met, this year, to hold its 38th annual session, at Newcastle, on the 9th of August, the sessions continuing from day to day till the 12th. There were over 300 members in attendance. The retiring President was Dr. CHADWICK, of Leeds, and the new one, Dr. EDWARD CHARLTON, of Newcastle. Both gentlemen addressed the association. The business sessions were somewhat marred by the inopportune presentation of some points of medical—not, we believe, national—politics, first, by the retiring President, and then by two prominent members, in moving votes of thanks. There was very decided difference of opinion in regard to a medical law which had been before Parliament, and which was defeated by the action of the Medical Council. However, this is not a subject that interests us now, as we have no national medical laws, except such as bear on the examination and appointment of medical officers of the army and navy. We are too democratic in this country to have medical laws granting "exclusive privileges." Some of our States have had excellent medical laws for the protection of the community against pretenders, impostors, and incompetent practitioners of medicine, but they have not generally survived the onslaughts of the class of men on whom they placed restrictions. We have had troubles having their origin in national politics, but our British friends have theirs in medical politics.

The sociable element played an important part in the meetings of the Association. As with us, the afternoon sessions were devoted to meetings for the reading of papers and discussions in the scientific sections. A great many very valuable papers were presented.

A feature of the meeting which has not yet entered into those of our association—though there is a possibility that it may—as matters seem to be tending in that direction, was the discussion of matters connected with the management of the weekly medical journal published under the auspices of the association—the *British Medical Journal.* A report was made on its financial affairs, and a new editor appointed. The transactions of the association are published in this journal, as are also those of the branch associations throughout the kingdom. Of course *all* the papers presented can-

not find place in the journal, and this led to a discussion as to the propriety of reviving the publication of a volume of Transactions, either annually or less frequently. The financial problem, however, prevented any steps being taken in that direction at present, as it was made evident that the association could not support its journal and publish a volume of transactions too. The better papers, however, will probably all appear in time, in the *British Medical Journal.*

At the annual meetings of the British association addresses are read in medicine and in surgery, giving an outline of the progress of these branches during the year. We shall give our readers the material portions of these addresses. The one on surgery is very complete. That on medicine is much more restricted, and disappointed us.

There are ideas in connection with this meeting that are worthy of thought, as to whether some of them might not be adopted with advantage in our own association.

Notes and Comments.

Death of Dr. Bedford.

Just as we are going to press the telegraph informs us of the death of that eminent obstetrical writer and teacher, Dr. GUNNING S. BEDFORD, of New York. In our next we shall give a more extended notice of him.

Reorganization of the Medical Society of Virginia.

We learn that the Lynchburg Medical Asssociation has taken the initiative to hold a Convention, of the faculty of Eastern Virginia, at Richmond, November 2nd, 1870. A circular of invitation has been issued to the members of the profession to cooperate, and ensure a reorganization of the State Medical Society.

The Americans in Paris.

The *British Medical Journal* says: We learn by private letters that the American residents in Paris have shown the most active sympathy with the country in which they reside during its reverses. Large subscriptions have been made, and a special and fully equipped American Ambulance Corps has been formed provided with all the *materiel* of hospital and field use. It has placed itself at the unreserved disposal of the French war department in a completely organized condition. The following is the surgical staff of the American Ambulance Corps: Surgeon-in-Chief, Dr. J. Marrion Sims. Surgeons, Dr. T. T. Pratt, Paris; Dr. McCormac, Belfast, Ireland; Dr. May, Baltimore, Maryland; Dr. Tihlman, Baltimore, Maryland; Assistant-Surgeons, Dr. Aubin, Jersey; Mr. Haydon, Boston; Mr. Samson, Paris; Dr. Crane, Paris.

The Medical Profession in Germany.

The *British Medical Journal, August* 20, says: The letters which we receive from Germany from professional sources describe the German medical men as overworked in the extreme, as they have to attend to the wounded of the enemy as well as their own. All the ablest men of the great towns are with the army moving, and without either much chance or inclination to correspond. Every large place, eitheron or near the Rhine contains one or several lazarettos, and many private houses have been devoted by their proprietors to the reception of the sick and wounded during the time of war. Some of the pleasant watering-places of Nassau are now large hospitals, or rather consist of a series of temporary hospitals; and the medical men of the Spas give their assistance without remuneration. A sub-committee of German medical men in London advise the German Aid Society here as to medical matters; and we are informed that they have spent already over $20,000 for water-cushions, water-proof sheeting, lint, surgical instruments, carbolic acid and chloroform. They have sent also twenty tents with two hundred beds complete, and are about to send the same again. Including relief in money, they have spent already about $95,000.

The Prussian Field Arrangements.

The *British Medical Journal* quotes a correspondent of the *Daily News*, who writes: "The more I see of the arrangements of the army, the more I am impressed with their absolute perfection. There is a thoughtfulness and care which descends into the most minute details. For example, each soldier carries in his knapsack some lint and a bandage, so that when he falls the surgeon can instantly run up, open the knapsack, and apply a bandage. A certain number of tourniquets are also carried by the non-commissioned officers of each regiment; and although in the heat of a pitched battle the non-commissioned officers could not stop to apply tourniquets to the wounded, yet, as a proportion of these also fall, the instruments are always at hand for the surgeons; and in the skirmishes, or in regiments not exposed to the full brunt of a conflict, there will yet be a certain number of wounded, many of whose lives, which would otherwise be lost, may be saved by the prompt application of a tourniquet or bandages. Round each man's neck as he goes into action also is a card, upon which is his

name. As he falls, the surgeon who examines and binds up his wounds, sees at once whether it is of a nature which will permit of the patient being moved to a distance or not. According to its severity, then, he writes on the card whether the man is to be taken to the field-hospital close at hand, or to the hospitals further in the rear. Accordingly, when the ambulance arrives, it is seen at once where the wounded man is to be conveyed. In the hospitals they have an admirable arrangement for keeping the wounds cool. Bottles, or rather bags, made of very thin India rubber, and with wide mouths, closing with corks, are filled about half-full with water, so that the bag lies loosely upon the wound.

Correspondence.

DOMESTIC.

Bromide of Potassium in Small-Pox.

EDS. MED. AND SURG. REPORTER:

I was requested, in the middle of a stormy night last winter, to visit a sick child, four miles in the country. On my arrival I found the patient, a boy of four years old—usually stout and hearty—in the midst of a fever of the most intense character, extreme agitation, and great complaint of the most agonizing headache. I was not in haste to announce a diagnosis, as the symptoms were not sufficiently numerous and definite for me to become fully satisfied as to the nature of the malady; consequently, I prescribed a mercurial cathartic and a glass tumbler full of the solution of *bromide of potassium*, the latter to be given every two hours until the patient should sleep; repeated when again awake, if the agitation and headache were yet present.

I returned home, with the understanding that I would be called on the following morning if the boy was not better; I heard no more from the case until several days had passed, when I learned that "Wheeler's family had the small pox!" I concluded that they had had recourse to the advice of some other physician in the meantime, and so thought little more of the matter. Two weeks later I was hastily summoned to see *three* more of the family, all attacked and suffering like the little boy, whom I now found to be completely covered from head to foot with the scabs of *small pox*. The history of the case after my first visit was now given me by the parents, to the effect that the "medicine left in the glass" had produced quiet and sleep in the little boy very soon after I left, and that he seemed to do so remarkably well under its use, that they continued it as long as it lasted, although he broke out in every few hours after my visit—and that throughout the two weeks he had progressed without apparent trouble.

The three new cases were treated exactly in the same way, one of the patients being an adult female—the others children, and although the cases proved of the severe confluent form, they all recovered nicely and in due time, the "bromide" giving the same relief to the initiatory symptoms as in the first case. I don't know whether or not the remedy had much to do in the *often* good results in these cases. but I am *very sure that it had a most marked and wonderful effect in modifying the intense febrile and nervous excitement* which constitutes so great a part of the sufferings in this fearful malady.

Another point or two in connection with these cases is, that the young woman spoken of above as an "adult," had been thoroughly vaccinated a few years ago, as the ample scar on her arm testified; yet she had a severe case of *confluent variola!* I had myself been vaccinated on several occasions some years ago, and with virus of the best quality, but I could never get a sore. Meeting with these cases appealed *very strongly to my sympathies* in regard to self-preservation, so I hurried away the next morning after my second visit and procured some genuine "eighth day lymph" from the arm of a healthy child, and vaccinated myself and *re*-vaccinated my children and my wife who was *pregnant* in the seventh month; the wife *did not* meet with a premature delivery, although the matter made her arm quite sore; the children each had good pustules on their arms as I also did, and on the *twelfth day* from seeing the scabby boy—six days after vaccination I was in bed with fever and *speckled with varioloid!*

This shows clearly, 1st, That a good scar is sometimes very little protection, 2d. That vaccination does not *always* produce miscarriage; 3. That *re*-vaccination often takes vigorously; 4. That vaccination will take when it has often before proved a failure; 5. That the poison of vaccina anticipates that of variola, though the exposure be at the same time: or the vaccination performed fifteen hours *after* exposure to the variolous contagion; 6. That the disease is not contracted from the disease prior to the eruption; 7. The extreme sanitary influence of pure country air in the disease, as many of the people in the vicinity were in immediate contact with the little boy waiting on him, etc., and *not one caught it;* 8. That the *Bromide of Potassium* is worthy of an extended treat in *small-pox*.

J. P. CHESNEY.

New Market, Md., Aug. 10, 1870.

Uterine Supporters.

A correspondent recently inquired through the columns of the REPORTER as to the best form of uterine supporter. Much, of course, must depend

on the nature of the case, but the following extracts from correspondence speaks very favorably of Babcock's Silver Uterine Supporter.

Dr. T. L. PAINTER, of Liberty Hill, Virginia, writes:

The first instrument produced such favorable results in a case of retroversion of the womb that I was led to try the second in a like case.

Case first had been an invalid for three years; not able to sit up or walk without assistance; now walks in the house anywhere, up stairs, etc., out in her garden, sits in the buggy and rides ten to twenty miles; visits her friends with impunity.

Case second, had been confined *strictly* to her bed for sixteen months; could not sit up long enough to have her bed dressed. She is now walking in and about the house; riding on horseback and in a buggy, without suffering pain.

Both my patients had the usual distressing symptoms, many of which have altogether subsided, and others (I feel safe in saying) will, on the continued use of the instrument.

I can, so far as my experience with the instrument goes, highly recommend it to the profession as the one we have always needed for the cure of displacement of the womb.

Dr. C. HAMILTON PETERS, of Logansport, Indiana, says:

"I have used the Silver Uterine Supporters several years, and they give universal satisfaction. I have performed many cures that at first seemed almost impossible. I have recommended them to numerous physicians who have since used them, and have not heard one objector. There was an old lady in Pickaway County, Ohio, under treatment of Drs. J. B. and R. J. D. Peters, who had worn the old fashioned pessary, (two of the largest kind) for eleven years without having them extracted. The result was that she had discharge from vagina—that she was not expected to live. The old pessaries were removed and Babcock's Supporter substituted. She was put on proper treatment and is now well.

Another old lady in the same vicinity, who could not walk was entirely cured, and is at this writing well.

Dr. J. B. PETERS corroborates the above statement.

NEWS AND MISCELLANY.

Small-pox on the Franklin.

PROMPT RECOGNITION OF A FAITHFUL OFFICER.

We find the following account of the small-pox on board the Franklin, and the creditable conduct of Surgeon TURNER, and his public recognition, in the newspaper dispatches from Washington, September 1st:

The Fleet Surgeon of the European Fleet, in a letter to the Navy Department dated August 8, says: The ship Franklin sailed from Lisbon on the 18th of June for Flushing, Holland, with a crew number-597 men, all in good health. On the 26th of June, eight days out, one of the crew, who had not been out of the ship at Lisbon, and who had an excellent vaccine scar, was admitted on the sick list with fever. The true nature of his disease was not discovered until the second day after his admission. He was then placed on the after part of the gun-deck. Sentinels were placed to prevent the approach of any of the crew, and men selected who had had the small-pox to attend upon him. On the 17th of July, 60 days after the transfer of the first case to the hospital, and 19 days after his seizure, another case appeared, and was immediately sent to the Quarantine hospital at Flushing. On the 18th seven more cases occurred; on the 19th, 16 additional cases were sent, and the ship was placed by the health authorities under strict quarantine. Other cases followed from day to day until June 25, when the total number reached 58. Since then no new cases have occurred. The ship was relieved from Quarantine on the 2d of August. There were 15 cases of confluent small-pox. The remainder were in many cases very severe. Of the confluent, five died. Many of the 25 in the hospital are very feeble, but all are convalescent. This disease has been epidemic in many places in Europe during the present season, but the fleet surgeons had hoped the vaccinations would prevent the disease on board the ship.

He mentions the handsome conduct of Surgeon Thos. J. Turner of the Juniata. Hearing at Antwerp of the outbreak of small-pox on board the Franklin, and knowing the deficient number of medical officers, he immediately volunteered to assist, and was permitted to do so by his commanding officer. He reached Flushing on the 25th, and since that time has been unremitting in his attention to the sick, and but for his untiring devotion, it is believed by the fleet surgeon, the mortality would have been greater. Assistant Surgeon George O. Allen was also very attentive and zealous. Capt. C. P. R. Rodgers has visited the hospital daily, and his fearless exposure had a most excellent effect in allaying everything which would produce a panic among the men.

Rear-Admiral Radford, in a letter to the Department, dated Flushing, August 8, especially calls the attention of the Secretary to the praiseworthy conduct of Surgeon Turner, in hastening to the relief of the sick, and assiduously devoting himself to their care and comfort. The Secretary thus recognizes the surgeon's services.

NAVY DEPARTMENT, WASHINGTON, Aug. 31, 1870.

SIR: The Department has received and noted with great pleasure the special reports of Rear-Admiral Radford the Fleet Surgeon of the European Squadron, in relation to your very meritorious and valuable conduct and services during the prevalence of the small-pox among the crew of the Franklin, while lying at Flushing, Holland. The devotion exhibited by you in leaving the routine duty of your own ship and volunteering for this important and dangerous duty, and your marked attention and efficiency in the discharge of it deserve and will receive the sincere commendations of the service and of the country; and such conduct and devotion is found in the true glory of your profession and the highest dignity of its members. You will please accept herewith the thanks of the Department and the assurance of my personal appreciation and regard.

Yours, very respectfully, GEO. M. ROBESON, Secretary of the Navy.

Surgeon Thos. J. Turner, U. S. Navy, U. S. Steamer Juniata, European Fleet.

Philadelphia School of Anatomy.

This institution, so long and favorably known to many members of the profession, is now in the hands of Dr. W. W. KEEN, who has been known for some years as an enthusiastic student in anatomy and physiology. Dr. KEEN has a number of assistants, who devote themselves to different branches of medical instruction. He will lecture during the winter on Anatomy and Operative Surgery, and Dr. O. H. ALLIS on Bandaging, Fractures and Fracture Dressings.

Personals.

For many of the following items we are indebted to that excellent college paper the *College Courant*, published at New Haven by CHATFIELD:

——PROF. HEMHOLTZ has left Heidelberg for Berlin, to occupy the position left vacant by the death of Magnus, but with the title of Professor of Physiology.

——MR. EDWIN S. MORSE, of Salem, Mass., who was recently elected non-resident Professor of Comparative Anatomy and Zoölogy, in Bowdoin College, begins his duties with the spring term.

——DR. HERRING, of Vienna, is the successor of the late PROF. PURKINJE, in the Chair of Physiology, in the University of Prague. The position was offered first to PROF. HEMHOLTZ, who declined to leave Heidelberg.

——Dr. JOHN SLOAN, of New Albany, Ind., has been tendered the professorship of Surgery in the Louisville Medical College.

——Dr. SILAS H. DOUGLASS has been appointed Professor of Chemistry and Mineralogy, and Director of the Chemical Laboratory; and Dr. ALBERT B. PRESCOTT, Professor of Organic and Applied Chemistry and Pharmacy, in Michigan University.

——The venerable Dr. WILLIAM JAMESON, of Quito, Ecuador, for thirty years connected with the mint and university of that city, and well known to botanists for his researches on the Andes, has gone to Valparaiso, to spend the remnant of his days. The third part of his *Synopsis Plantarum Æquatoriensium* has just been published.

——DR. LEONARD, MARSH, of Burlington, Vermont, who died recently, was a man of rare scholarship and ability. The field of his studies extended over a wide circuit, embracing notable philology, theology, politics, and the natural sciences. He had been for fifteen years a professor in the University of Vermont, first as professor of Greek, and afterwards of Botany and Physiology.

——M. CLAUDE BERNARD has been elected a member of the Imperial Council of Public Instruction in France, for the year 1869–70.

——Dr. ROBERT THOMPSON, the well known physician and surgeon of Dover, N. H., who for twenty-five years past has ministered for all the ills that flesh is heir to, with remarkable success, died last week, aged 62.

——Eight cents is all the doctor's fee the law allows in China.

WORDS OF CHEER.

Dr. J. A. T., New York, writes: "The weekly arrival of your journal is anxiously awaited, and I would not dispense with it for double its price. I consider it far superior to any other journal published in this country."

Dr. I. P., Pennsylvania, says: "Permit me here to say I would not be without the *Reporter*, and the *Compendium* is incomparable."

QUERIES AND REPLIES.

Dr. J. C., Ohio.—We can supply the numbers you want, viz., 459, 528, 517, 601—price 40 cents.

Dr. G. A. S., Ohio.—The price of Hodge's Obstetric Forceps is $7. We can send them by Express.

MARRIED.

SCOTT—GILFILLAN. In McIndoes Falls, Vt., August 17th, by Rev. M. B. Bradford, C. W. Scott, M. D., of Lyndon, and Lizzie Gilfillan of the former place.

DIED.

BICKNELL. In Hanover, N. H., August 21, Mrs. Emily L. Bicknell, widow of the late Dr. Rufus Bicknell, of West Philadelphia, aged 59 years.

DAVIS. At Gibsonburg, Pa., Aug. 25th, Alfred E., only child of Dr. Sumner D., and Nellie L. Davis, aged 4 months.

SCHAEFFER. August 26th ult., after a short illness, Dr. Luther M. Schaeffer, third son of the late Rev. Dr. David F. Schaeffer, of Frederick city, Md., and formerly of this city, in the 49th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 707.] PHILADELPHIA, SEPTEMBER 17, 1870. [Vol. XXIII.—No 12

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Of Philadelphia.

(*Continued from page* 169.)

III.—INSTRUMENTS REQUIRED IN THE PRACTICE OF LARYNGOSCOPY.

In laryngoscopy, as in rhinoscopy, we require throat mirrors, and an illuminating apparatus consisting of reflector and some form of lamp. The same optical principles are concerned in both. In order to get an image of the parts situated in the larynx, we have only to hold the small mirror in the back of the throat, with its face looking downward in the direction of the rays of light coming from those parts, which form the image seen by the observer. The optical law involved is, that the angle of incidence is equal to the angle of reflection; the luminous rays thrown by the reflector falling obliquely upon the throat mirror, as shown in Fig. 1, are reflected at an equal angle upon the larynx, which, after being thoroughly illuminated, reflects the light again upon the mirror, and exteriorly, exactly in the inverse direction to that by which it reached the larynx. The plane of the laryngeal aperture formed by the epiglottis in front, the arytenoid cartilages posteriorly, laterally by the ary-epiglottidean folds, is oblique from above downward, and from before backward. This position we have shown in the figure by the arrow, the point of which corresponds with the epiglottis; the left barb, as presented in the drawing, with the right vocal cord; the right with the left cord; and the left and right points of the feather respectively with the right and left arytenoid cartilages. By inspecting the figure, which also shows the plane of the mirror parallel with that of the laryngeal aperture, and above and behind it, we see that

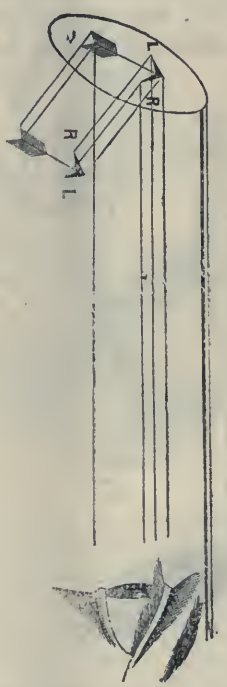


Fig. 1—Showing Lateral Inversion of Laryngeal Image.

the image, as far as regards the object, is perfectly symmetrical, and not inverted; but, as seen by the observer, its position has not this relation with the object, for the ray of light from the right barb of the lower arrow, corresponding with the right vocal cord marked R, impinges upon the left side of the mirror, marked L, and the ray from the left barb L represents the left cord upon the right side of the mirror, R. The same thing takes place as regards the feather points, so that when the rays reach the eye, after reflection,

the image has undergone a lateral inversion. This is the only alteration, for the image of the arrow is otherwise just as the object. In the laryngeal mirror, therefore, we will see the epiglottis situated in the subject above and in front of the laryngeal aperture, in its upper segment; the arytenoid cartilages placed behind this aperture, in its lower segment; the right vocal cord upon the left in the mirror, and the left cord upon the right. By inclining the mirror at various angles to the aperture, the image of the parts beneath it will also undergo corresponding inclination.

The throat mirror is usually made of glass, covered with amalgam and backed with German silver, thus making up a thickness of one-sixteenth of an inch, mounted upon a stem about four and a half inches long, fitting either movably or solidly, according to fancy, to a small delicate handle, two and a half inches

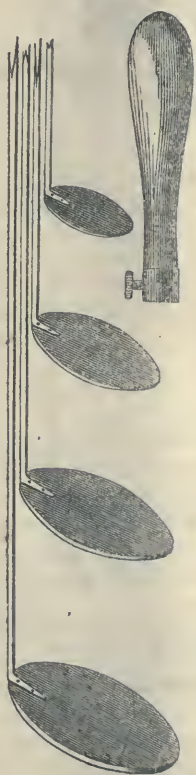


Fig. 2—Laryngeal Mirrors, (Posterior View).

long. They may be of most any shape, round, oval, elliptical, square, or variously truncated; but we always use and prefer the round mirror, and have several sizes always at hand, as shown in the annexed cut—which are respectively of one inch, seven-eighths, six-eighths, and four-eighths of an inch. Oval mirrors may be advantageously used when the throat is narrowed by swelling of the tonsils.

With respect to their attachment to the stem, an angular inclination of about 125° or 130° will be found to answer the best. We have already spoken on a previous page of the mirrors made of polished steel, and their disadvantage of having their reflecting surface easily marred by rust or scratches, an accident much more likely to occur in employing them for laryngoscopic purposes, on account of the frequent use made of metallic solutions. In those rare cases presented for infra-glottic exploration after tracheotomy, the superior reflecting surface of polished metal would, on account of the small size of the mirror required, be the best material from which to fabricate it.

Wertheim has suggested the employment of concave mirrors to magnify the parts inspected, but they have no practical advantage over the plain ones, as the magnifying power is small, and the difficulties of getting a correct image more difficult, to say nothing of their greater expense. As we have seen in the history of laryngoscopy that Warden employed reflecting prisms instead of plain mirrors, efforts have since been made in the same direction, but as yet no prismatic reflectors have been devised possessing the advantages and free from the objections of the round, plain mirror.

Reflector.—The same reflector used in rhinoscopy is required also in employing laryngeal mirrors. The remarks then made upon that subject may, *mutatis mutandis*, be also applied to laryngoscopy. We only described in that section the method to be pursued with those reflectors attached to the head, leaving for the present moment the description of those lamps with which a mirror is connected.

Those who are often called upon to make laryngeal explorations have, in their consulting rooms usually, some one of the special forms of illuminating apparatus, of which there are several. I can recommend from personal experience those of Tobold and Lewin as perhaps occupying the first place. The mirror may also be arranged in connection with an ordinary drop-light or gas burner, being in this case provided with a stand and Argand

burner. In situations where gas or the special lamps may not be obtainable, a very simple condenser may be had, consisting of a double convex lens, fitted to the side of a cylinder of tin, which may be used with any sort of lamp. To meet these emergencies, Dr. Oliver has recommended the lamp we have already shown in figure 10. With a like view, Dr. Mackenzie has invented two forms of concentrators, a larger and smaller one, which, consisting of a double convex lens, borne in the end of a short cylinder furnished with arms, can even be attached to a candle.

The illuminating apparatus of Dr. Tobold, as seen in the subjoined cut (Fig. 3), is much used by laryngoscopists. It is furnished by the shops of two sizes, the smaller one of which, connected with a study lamp, is shown; the larger one is habitually arranged with a drop-light, supplied with gas by an elastic tube attached to the chandelier or bracket. The principle of the apparatus is the same in both cases, there being a sufficient number of lenses in the tube, screwing on to the hood surrounding the chimney of the lamp, to render the light issuing therefrom parallel. This is effected by three double convex lenses of three inches focus; a pair of them is placed at the juncture of the hood with the tube, when the latter two are screwed together, and a third one at the fore end of the tube. The reflector is supported by a triple-jointed arm, and may be drawn into any position required to receive the rays and reflect them into the throat. The cut presented shows these details, and also represents the relative position of physician, patient, and lamp required for a successful inspection.

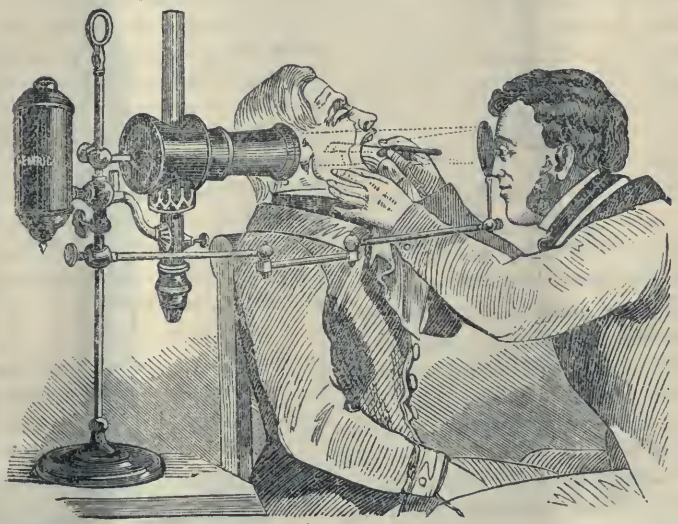


Fig. 3.—Tobold's Lamp.

I have in my office the lamp shown in the annexed cut, invented by Lewin. The perspicuousness of the figure will render any lengthy description unnecessary. The illuminating apparatus is fixed upon an iron tripod; to the lamp a brass bar is attached supporting two mirrors, one oval and concave, to receive the parallel rays as they issue from the lantern and reflect them into the throat of the patient; the other mirror is plain concave upon one side, so that it may be brought close to the oval one, and is intended for the practice of auto-laryngoscopy. The little shelf fastened to the perpendicular rod holds the instruments being employed. The lantern slides up and down, and revolves upon the rod so that it may be fixed in any position required. It gives a bright and clear light, equal to any instrument I have used. The lamp is mentioned because, with a little outlay, much less than required for any other special form, an excellent apparatus may be procured for office practice. The tripod may be procured from a photographer, the lamp of a tinner, and the lenses of an optician, and no particular artizan skill is required to put them together as shown. The one I have in use cost less than twelve dollars, and works to my entire satisfaction.

The tripod, when the lamp is removed, is used to support the plain mirror that I employ to throw a beam of sunlight into my office, the advantages of which, from its purity and whiteness, is great over other

FIG. 4—LEWIN'S LAMP.

means of illumination and various efforts have been and are now being made to procure a light assimilating to it in this desirable quality Dr. Thudichum remarks that "those who have tried sunlight for the inspection of the nose or larynx, and compared it with the light given out by oil-lamps specially adapted to the operation, and provided with complicated condensers, must have come to the conclusion that the latter are relatively useless. At all events, my own practice soon made me dissatisfied with such arrangements as Tobold's lamp—instruments which I found top-heavy and unstable, and whose horizontal beam of light did not satisfy my demands for inspection, much less my requirements for illumination during operations. I therefore established a platform before the window of my consulting room, in order to be able to utilize sunlight, thrown into the room by means of a heliostat, on all practicable occasions. Some diagnoses and operations which I had opportunities of making by the aid of this light, and which I am convinced could not have been made with the aid of an oil lamp, however artfully devised, caused me to construct the following adaptation of Drummond's light to medical purposes:

"A small lantern carries the arrangements which are required for the production of the pirit-oxygen-lime light. The glass spirit-lamp

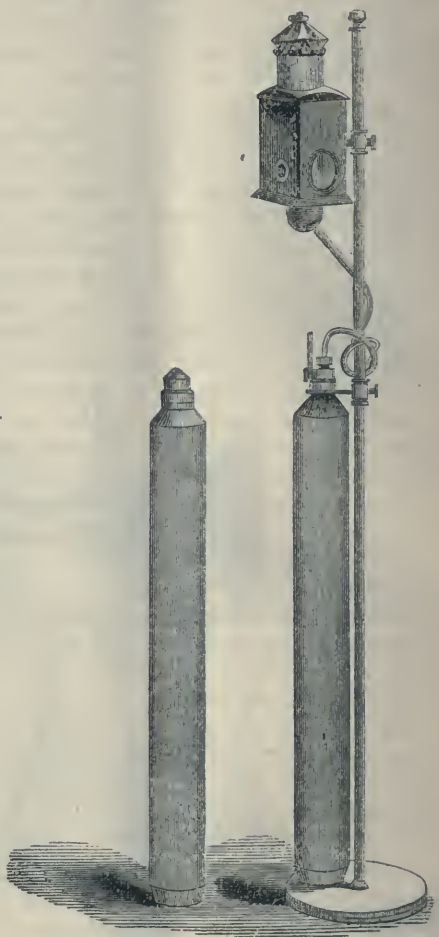


Fig. 5—THUDICHUM'S ILLUMINATING APPARATUS.

is screwed into the bottom of the lantern, in order that the level of the spirit may be always accessible to the eye. The rest of the arrangements, including an annular ditch round the burner, to be filled with water intended to cool the burner, are inside the lantern. The oxygen is supplied from an iron bottle underneath the lantern, in which it is contained under pressure produced by the condensation in it of several atmospheres of gas. A delicate screw-valve, moved by a lever, easily regulates the flow of gas. The bottle and lantern are fixed to a stand, being a brass rod screwed in a heavy circular iron plate. Any position can be imparted to the lantern by means of the ball-and-socket joint on its attached side, and the screw sliding clamp,

which fixes it to the rod. The light passes through a system of condensers in front of the lantern, and can be brought to a focus at any desired distance by the sliding arrangement of the bottom of the lantern which carries the light.

"The lantern in this form is eminently practical. It is easily lighted; a match inflames the spirit, the lime is fixed by its side, the oxygen is turned on, and within a minute or two a splendid beam of light is projected from the condensers. The direction of the beam is readily adapted to the requirements of the operator. For laryngoscopy and rhinoscopy he carries the concave mirror on his forehead over a screen, which, as the light comes from above, can be so adjusted as to completely protect the eye from any incident rays, and leave it all its pupillary space for the inspection of the illuminative cavities. The lamp is put out as easily as it is lighted; the oxygen is turned off; the lime-cylinder buried in lime-powder in a suitable receptacle; the spirit extinguished by a brass cap which fits into the water-ditch. The amount of gas in the bottle can always be controlled by a pressure guage to be screwed on to the top of it."

The employment of oxygen has also been utilized by introducing it into the ordinary gas flame by an Argand burner. It gives a beautifully white, clear light.

Of course these modes of illumination entail additional apparatus and expense, and cannot come into general use, while in those exceptional cases in which stronger and clearer light than ordinary may be required, the pure light of the sun may be employed which, in my experience, has not as yet been surpassed for laryngoscopic purposes by any contrivance yet devised. The general arrangement required for utilizing it will depend upon the circumstances of situation. In my own office, which has an eastern exposure, admitting light by a large window, I have arranged a plain mirror six inches in diameter, supported at the end of a jointed iron rod, projecting out of the window three feet, and capable of being placed at any angle or elevation by the doubly jointed rod. The inner end of the rod may be clamped to the window sill, or, as I have it fixed, supported by an iron stand used by photographers. In this manner the solar rays may be thrown into the room in a horizontal direction at any hour of the day, from sunrise to 1 P. M., when the sun, having passed meridian, his rays are cut off by the eaves of my house. Of course, under the best circumstances of situation, it is possible thus to command a horizontal beam of solar rays between sunrise and sunset.

This beam may be either directly thrown into the throat upon the pharyngeal mirror, in which case the patient will face the window, or the beam may be received upon a concave mirror, and from this reflected into the throat; the patient will have then to sit with his back to the window. I often employ the reflector attached to the head band or spectacle frames; sometimes the reflector attached to the large Tobold, upon my center table, the arm of which has only to be slung out horizontally in front of the patient.

The light thus obtained is beautifully bright and white, surpassing the light, in these respects, of the ordinary oil or gas lamps. When the day is fine and unclouded, I never use any other sources of light, and find it answer well all the requirements of laryngoscopic illumination, without entailing the slightest trouble, or the expense of the complex lamps of Tobold, Lewin, Von Brüns and others; but not being able to command this light just when it may be wanted, from circumstance of weather or situation, this method does not possess the value of artificial illumination, always accessible by the physician. It should be observed that the light in this method is so controlled that neither the patient's head nor the observer's face are exposed, the latter being shaded by drawing in one of the shutters, so that the beam of light impinges solely upon the concave mirror before the eye, or upon the forehead. You can receive the beam entering laterally—that is, by the side of or over the patient's head, according as the plain mirror projected from the window is placed. Of course, in employing the sun's rays directly, this is not the case, and both observer and patient will find themselves greatly inconvenienced by the heat.

Light either artificial or natural may be employed by the laryngoscopist directly or indirectly. In the former case no reflector is used, the lamp being placed close to and in front of the patient's mouth; the observer occupying a position behind the light, his eyes being shaded by a hemi-cylindrical sheet-iron hood placed behind the chimney of the lamp. The most convenient way of conducting this examination by direct light is for the examiner and

patient to sit at a narrow table, the lamp occupying a position between them, each arm of the former being upon either side of the lamp, as it were embracing it. There is a disadvantage arising in this mode of illumination, as the head has to be held to one side of the lamp. The visual ray and the luminous rays are not parallel, but form different angles with the surface of the throat mirror, so that it may occur that a point in the larynx may be illuminated and yet not be seen, as the returning ray by which its image is seen in the mirror does not strike the eye of the observer. This cannot occur in using reflected light with a perforated mirror, as the returning ray always coincides with the visual ray. Yet the angle is not so great that the examination may not be conducted with success, although there are other drawbacks also attaching to the method, such as the cheek on the side of the light throwing a shadow, and the hand between the lamp and the patient's month cutting off the luminous rays. I often proceed in this manner when away from office; but it will be found more convenient to avoid these difficulties of direct illumination, and have recourse to reflected light in all cases involving the use of instruments.

Besides the method of illuminating the larynx we have now described, there is another one described by Czermak, and called by him *illumination by transparency*. He says that the larynx and trachea have, as he has pointed out, in certain spots, a certain degree of transparency, the same as the tissues which they cover. In delicate persons we perceive the glottis illuminated by a reddish light, when the sun falls upon the external surface of the neck. But when we concentrate the clear light by the aid of a concave mirror, or by a lens, upon particular spots about the neck, some one or other part of the larynx becomes transparent, like a finger placed before a flame. This transparency, of a beautiful incandescent red, is at times sufficient to permit of laryngoscopic examination. The concentrated light from gas sometimes produces, but less distinctly, the same effect. He further adds that it would be possible to employ this proceeding to the examination of the thickness of the vocal cords, varying according to the physiological or pathological circumstances, and above all, to the correct appreciation of the seat and depth of the alteration in the trachea.

IV.—MODE OF APPLICATION OF THE INSTRUMENTS.

Having described the instruments required in laryngoscopy, we shall now endeavor to teach how they should be used. The patient should be comfortably seated by the table upon which the illuminating apparatus stands, with his body erect and head slightly thrown back, as shown in Fig. 3. He should be quieted mentally likewise, the physician assuring him of the painless character of the exploration, thereby securing his coöperation, as far as lies in his power, to render the inspection satisfactory, instead of shrinking, as many do, particularly children and nervous females, with apprehension of some physical suffering when the mirror is placed in the throat. The light should be placed by the side of the patient's head, the flame about on a level with his eye. The observer sits opposite the patient, his eye on a level with the patient's mouth and distant about twelve or fourteen inches. When this disposition has been made, the reflector is first tried, and put in that position that when the patient's mouth is widely open the back of the pharynx is thoroughly illuminated. The patient should be directed to protrude his tongue, which may be taken hold upon with the fingers of the physician, previously guarded with a towel or napkin, and drawn outward, taking care not to press it too hard upon the lower teeth and cause pain. When the physician desires to use both his hands he may intrust the charge of the tongue to the patient's fingers, and in general I find that after one or two trials this is accomplished sufficiently well, and that persons usually prefer to do it. It gives their minds employment, thus taking their attention from the manipulations of the operator, which is often of decided advantage. The physician now takes his throat mirror in his hand, supporting it with the thumb and two first fingers as we do a pen, and having warmed it over the chimney of the lamp, he tests its temperature by bringing it in contact with his cheek or back of the hand, and then holding its reflecting surface downward, passes it promptly into the back of the mouth, pressing the uvula backward and upward, and at the same time carries its handle to the corner of the mouth. The mirror should be held steadily, and not be permitted to wobble about, coming in contact first with the tongue, then with the pharyngeal walls, which will most certainly cause ef-

forts at retching, and prevent, at least for the time being, the success of the inspection. It is surprising, when this point is attended to, how little annoyance is caused by its presence. I have often succeeded perfectly with intelligent children in obtaining a good view at the first sitting.

It is important to become ambi-dextrous in laryngeal manipulations, and the observer will find that its great convenience will amply repay him for any amount of outlay of time and patience. With this view he should practice frequently with the mirror and other instruments, using the left hand. The mirror should not generally be held longer in the throat than a few seconds at a time. To avoid the irritation that must ensue therefrom, it will be better then to repeat the manœuvering immediately as often as may be necessary, rather than prolong its presence, which induces retching, and renders the throat much less tolerant of a repetition. In fact, if retching be excited by the mirror at any time, long or short, it is better to withdraw it and wait a few minutes, until the easily excited muscles are more quiet. When the velum is long and hangs well down over the base of the tongue, the space is so narrowed that some difficulty may be experienced in passing the mirror beyond the arches of the throat. In this case, direct the patient to intone some vowel sound, particularly *eh;* the velum will then be raised sufficiently to permit the mirror to be slipped back to the pharynx in the proper angular position. The base of the tongue sometimes rises to an inconvenient height, so as to touch the mirror, blurring its reflecting surface and preventing the image being seen. This difficulty may be overcome by not drawing the tongue too far from the mouth, and elevating its point a little.

Irritability of the throat may be greatly diminished by holding fragments of ice well back in the mouth against the velum, or applying an India-rubber ice sac to the neck a few minutes. Ice is the very best agent for quelling this irritability, and secures us a satisfactory examination when other agents fail. The fact of bromide of ammonium having an anæsthetic power over the structures of the throat has suggested its employment in laryngoscopy. It is given internally, and applied in a strong solution to the fauces and palate. A patient trial of this agent did not enable me to realize its asserted efficacy in rendering the parts more tolerant of the mirror.

When the tonsils are enlarged, as they sometimes are, interfering with the manipulation of the mirror, they must either be first removed or reduced in size by Vienna paste, or an oval mirror employed.

Should the operator be successful in getting the mirror into its proper position, it may happen in certain cases that he can not see even the arytenoid cartilages, much less the vocal cords, on account of the epiglottis being pendant, that is, hanging too far back toward the posterior pharyngeal wall. Generally the arytenoid cartilages can be seen under such circumstances, and we can judge by them in a great measure of the mobility of the cords; but here these indications cease, for their condition is by no means sufficient upon which to ground an opinion as to the state of the laryngeal mucous membrane. This pendulous condition of the epiglottis is due in most cases to congenital defect, but in some of the cases we encounter in practice, it is to be attributable to a relaxation of the glosso-epiglottean ligament. According to the statistics of Gibb, the epiglottis is found pendant in eleven per cent. of all the cases examined. We have recourse in overcoming this obstacle to the physiological fact that in emitting the higher or falsetto notes the epiglottis is raised; the patient should therefore be directed to intone *e, ah, eh,* in a high pitch. In altogether exceptional cases some mechanical contrivance may be required to raise the epiglottis. Voltolini, Fournié, Lewin, Von Brüns, Mackenzie, have invented special instruments for this purpose.

For a mere inspection I find that my palate hook, shown in Fig. 5, armed at the end of the handle with a little pad of India rubber, may be used with less irritation than the forceps, and quite as efficiently. The hook is simply bent into the proper curve, and the pad is brought into contact with the laryngeal surface of the epiglottis, which is then pushed forward and spread out, as it were, against the base of the tongue. I have been able in my own case, after some practice, to do this effectually with the hook. The sensation produced in touching the epiglottis is much more disagreeable than that resulting from touching the tongue, palate or pharyngeal walls; it is a sore feeling that is almost always on first trials followed by retching.

Fig. 6.—VON BRUNS' EPIGLOTTIC FORCEPS.

It has been suggested that in order to keep the patient steady, and prevent his flinching during the inspection of the larynx, that his head be supported by a rest attached to the back of the chair, and rising with a broad extremity, into which the occiput is received. I have not, with intelligent grown persons, found any such arrangement necessary when making a simple inspection, though it is serviceable while employing instruments where a little motion of the head is very inconvenient.

We will sometimes be called to make examination of cases confined to bed, and here the mirror will have to be supported before the face, Semeleder's spectacle mirror being the best. The lamp is brought close to the side of the patient's head, and the physician, seated upon the side of the bed, will proceed gently in the general manner we have already indicated.

V.—THE NORMAL LARYNGOSCOPIC IMAGE.

In order to render the account we shall give of the normal laryngeal image more easily intelligible, we shall present two views of the healthy larynx as seen in the mirror during respiration and during phonation. The extent of view obtainable will vary in different cases. Under the least favorable circumstances the base of the tongue and the laryngeal surface and tip of the epiglottis will alone be seen,

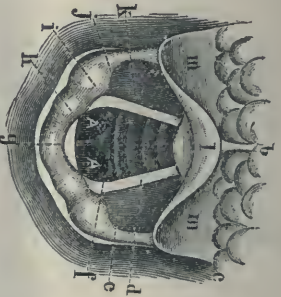


Fig. 7.—VIEW OF LARYNX IN QUIET RESPIRATION.

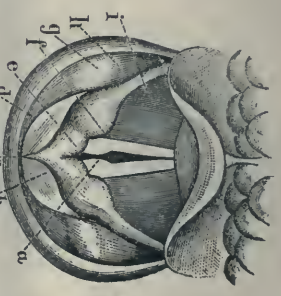


Fig. 8.—VIEW OF LARYNX IN PHONATION.

but by a more favorable disposition of the parts, as when the patient is directed to pronounce *eh*, the base of the tongue and the glottis rise a little, and at that instant we see the arytenoid cartilages, perhaps also the cartilages of Wrisburg, and get a glimpse of the posterior portion of the vocal cords. After a few trials, and in cases well adapted from the conformation of the parts to laryngoscopic exploration, we can see the totality of the vocal cords to their insertion into the angle of the thyroid cartilage, the rings of the trachea, cricoid cartilages, the crico-thyroid membranes, and even the apertures of the bronchi. Commencing in the order we perceive the parts, we shall first describe the epiglottis: It is subject to considerable varieties in shape in different persons; being in some flat and leaf-like, in others folded as it were upon itself, and forming curves which give it some resemblance in shape to the Greek letter Omega. Its variation in size is equally apparent, there being every gradation between the small narrow epiglottis and the long expanded form sometimes seen. The position we have al-

ready adverted to, mentioning that it sometimes stood erect, its upper surface lying against the base of the tongue and its under apparent in the mirror; in other cases it being well backward, the upper portion of its lateral borders touching the posterior wall of the pharynx. In the former case, when the epiglottis is erected, and we glance along its laryngeal surface, we see at its base a projection of a roundish form overlaying the insertion of the vocal cord, called the cushion. The lingual surface of the epiglottis is of a pinkish color, its lips pinkish-yellow, and its inferior surface also of a pinkish hue; but this easily changes to deep red from slight causes, and is sometimes seen presenting this hue.

From the base of the median line of the epiglottis we see the prominent folds of mucous membrane running upward and losing themselves in the membrane covering the base of the tongue, forming the glosso-epiglottidean ligaments. Above the epiglottis is the base of the tongue, marked by the V shaped arrangement of the papillæ circumvallatæ, and between the two on either side of the glosso-epiglottis ligaments, are those pocket-like depression called the vellecular fossæ, of a pale drab color, and containing a varying amount of secretion according to age.

Extending latterly in a downward and backward direction from the base of the epiglottis to the arytænoid cartilages, are seen the arytæno-epiglottidean folds, forming the lateral margins of the laryngeal aperture. They are of a pale pink color like the gums, and follow the motions of the vocal cords retreating from each other with the utterance of the lower notes, and approximating with the higher, in the former case becoming relaxed and broader, and in the latter narrow and tenser; these folds also vary in different persons, independent of their degree of tension.

Enclosed in the duplicature of the arytenoid folds, and at their posterior extremities, are the arytænoid cartilages of a lighter color than the surrounding membrane, their position being indicated by small rounded tubercules resting upon the upper surface, called the cartilages of Santorini. These cartilages are connected in the middle line by a concave sweep of mucous membrane, named the inter-arytænoid commisure, which is wide when the arytænoid cartilages are separated in deep breathing and in vocalization, when the cartilages come together, folds upon itself, the angle being posterior.

A little farther outward than the capitula Santorini are the cartilages of Wrisberg, one upon each side, larger than the former, forming generally rounded prominences, but occasionally triangular, of yellowish-pink color, having been likened in this respect to a fully matured abscess. The development of these cartilages vary in different persons; when there is much sub-mucous cellular tissue, and particularly in the negro, they are large and readily seen, even in quiet breathing; but be they small or large, a better view can always be had of them in articulating the sounds *a*, *e*, *eh*, which bring the vocal cords together. Sometimes there is a little cartilage forming a third rounded protuberance developed between the cartilages of Wrisberg and the capitula Santorini.

The ventricular bands (false vocal cords) are seen as pink or rose-colored folds of mucous membrane, extending from near the angle of the thyroid cartilage close to the root of the epiglottis backward, to be inserted to the arytenoid cartilages. They are rather more prominent, particularly their lower margin, than the aryteno-epiglottic folds; and below them, separated by a slightly depressed space called the vestibule of the larynx, which becomes broader, and therefore more apparent as the vocal cords are approximated in phonation.

The ventricles of the larynx may often be seen in most cases, but more especially in negroes, as dark lines between the ventricular bands above and the vocal cords below.

The vocal cords come into view most prominently as tendinous-looking, glistening-white cords, when the patient is directed to sound *eh*. They are then seen closely approximated to each other and parallel, the vocal process being turned inward; but as the sound dies away they separate posteriorly by the rotation of the arytenoid cartilages outward, which movement throws the anterior extremity of the vocal process outward, giving the glottis a lozenge shape. Below the vocal cords are seen a broad yellow band, formed by the inner surface of the cricoid cartilage, and still deeper, the rings of the trachea separated by the pinkish intervening mucous membrane. When the trachea can be made quite straight, and the laryngoscopic conditions most favorable for inspection, the bifurcation of the trachea may be observed as a bright central line, with a dark circular space on each side of it, the

apertures of the bronchi, and we may even be able to peer down the right one.

Externally to the glottis, bounded on the outside by the thyroid cartilage and upon the inner by the aryteno-epiglottic folds, is seen the hyoid fossa, with the great cornua of the hyoid bone crossing its external wall on the bottom. This is the location in which fish-bones or particles of food often catch. In the median line we see the posterior surface of the cricoid cartilage inclining downward and backward to the posterior wall of the pharynx, with which it is in contact.

VI.—AUTO-LARYNGOSCOPY, OR SELF-DEMONSTRATION.

The labors of Garcia, who originated auto-laryngoscopy, have already been alluded to. He employed for this purpose a simple hand-glass and the throat mirror. Standing with his back to the sun, the solar rays were received upon the hand-mirror and directed into the throat, at the same time he perceived the reflected image in this mirror. This is a very simple and efficient method of self-inspection, but the best apparatus for this sort of exploration and demonstration is that of Czermak, consisting of a large concave reflector and a plain quadrangular piece of looking-glass. The concave mirror is mounted upon an upright bar having a second bar projecting from it horizontally, and upon the extremity of the latter is borne a vertical bar supporting the plain mirror. By this disposition of the points of the apparatus the mirrors may be placed in any position, and for auto-laryngoscopy this is as follows: The stand bearing the mirrors is put upon the edge of a table, the mirrors about twelve or fourteen inches apart, the plain one just below the lower border of the concave one, and the observer takes his seat a few inches in front of the former. The lamp is placed at the side of the bar bearing the plain glass, and in front of the concave mirror, the eyes being shielded from the light by a semi-cylindrical hood attached to the lamp of the chimney. The observer now opens his mouth widely and introduces the throat mirror, previously warmed, upon which the concave mirror throws the luminous rays, and the image becomes visible in the plain mirror. A person standing behind the concave mirror may also see the observer's larynx.

To the lamp already described a plain mirror may be attached, and thus do away with the necessity for a special apparatus.

Under this head we may more properly place that special mode of demonstrating a patient's larynx to others, called in some of the books by the absurd name of recipro-laryngoscopy. There are several plans of doing this. The one in which I have been particularly successful is that of Dr. Smily, of Dublin. This observer, after recounting the difficulties of another person inspecting the larynx at the same time as the operator, by the ordinary apparatus, partly on account of the difference in the angles of reflection, formed by the rays reaching their eyes, and partly from other causes, goes on to say that his instrument consists of a simple square piece of very good plate-glass mirror, set in brass like the ordinary concave mirror; both are attached to a frontal band; the plain mirror being supported before one eye, and the perforated concave one before the other. As the angles of incidence and reflection are equal, the mirror may be turned to such an angle that the second examiner may be placed at such a distance from both the patient and operator that his presence cannot disturb the steadiness of either. The view the second examiner has of the larynx in the square mirror is not inverted, being twice reflected.

VII—INFRA-GLOTTIC LARYNGOSCOPY.

This procedure, which consists in viewing the vocal cords from below by a mirror introduced through the opening made in tracheotomy, was suggested by Neudœfer, and practiced by him upon the dead subject. A year later, in 1859, Czermak first made an application of it upon the living. It is required in these cases, when the ordinary method of inspecting from above is impossible from adhesion of the epiglottis, or obstruction of the glottis. The mirrors are very small, metallic, and highly polished, held in the laryngal wound, with the reflecting surface pointing upward. The edges of the incision are to be kept apart by a canula, with a portion of its upper segment removed so as to furnish a free passage for the luminous rays upward, and thorough illumination. From the small size of the mirror, and rapid cooling, it will have to be heated repeatedly, or the plan suggested by Czermak adopted, of covering its surface with a film of solution of gum arabic. Buzzard's idea of employing in the same manner a mixture of equal quantities of water and glycerine will answer

as well. I would, however, prefer the plan of Dr. Wright, of sustaining the temperature of the mirror by electricity, the back of which has encased in it a little coil of wire, which is connected, by two wires running through the handle, with the battery.

The vocal cords do not present the pearly white color seen from above, but a deep pink color. They are laterally inverted in the same manner as we have already explained.

VIII.—MEANS OF ENLARGING AND MEASURING THE LARYNGOSCOPIC IMAGE.

Magnifying Apparatus.—The attempts of Wertheim at magnifying the laryngoscopic image by means of concave laryngeal mirrors have been alluded to as possessing no practical importance whatever, as the parts to be examined are placed at different distances, so that numerous mirrors of different focus would be necessary to complete a laryngeal inspection. Perhaps one single mirror might suffice for the posterior nares, but really, as objected by Türck, their magnifying power is but small. This author has employed with this view a simple Gallilean telescope, which is borne upon one of the arms of his illuminating apparatus. Voltolini, seeking means of amplification, had recourse at one time to an opera glass, from which he removed the ocular; at another to a small telescope, from which he removed all the glasses except the objective. He obtained good results with sunlight, when the patient's head was held steady in a supporting apparatus. As yet no result has flown from these experiments to the benefit of laryngeal therapeutics, in which the plain mirror has superior advantages.

Dr. Gibb alludes to the Chadburn lantern for projecting enlarged images of open objects upon a screen, as presenting a reasonable prospect of rendering service in demonstration. The light requires to be close to the object exhibited; and if held near the mouth, with the laryngeal mirror properly adjusted, the exterior of the larynx would be magnified to an enormous size, and depicted upon the screen of the natural color, showing also any of the special motions, illustrating the power of voluntary motion over the laryngeal muscles. It might be used to show cases of chronic disease of the larynx, especially polypi and warts.

Measuring Apparatus.—With a view of getting at the real size of the parts in the larynx, it has been proposed by Mandl, of Paris, to have a scale scratched upon the mirror surface; then, by comparing the size of the laryngeal images formed with the images of bodies of known size, the actual size could easily be ascertained. But it would be preferable, as suggested by Semeleder, to have the scale made upon the metallic edge of the mirror, and thus save the reflecting surface from being scratched with the required number of lines.

Merkel, of Leipsic, has also been engaged upon the same investigation, but the practical laryngoscopist has yet to wait for these experiments to culminate in something more definite than has been hitherto accomplished before he can hope to avail himself of the advantages that would accrue from the possession of a satisfactory method of ascertaining the size of objects presented in the mirror.

Editorial Department.

Periscope.

The Treatment of Pain.

On this eminently practical point, Dr. J. P. Atkinson discourses as follows in the *Practitioner*:

The chief things I would advise for the restoration of nerve-power are rest and support. The latter must always be administered in such a form as is compatible with the weakened state of the digestion. In cases of extreme mental distress, accompanied by insomnia, where the *fons et origo mali* is the brain, I would recommend such articles of food as corn-flour, bread and milk, eggs, and beef-tea, more especially the first two. If stimulants are required, the best are ammonia, tea, coffee, etc. Rest is most readily obtained by the bromide of ammonium or potassium, or the hydrate of chloral. Where the cause of the pain is eccentric, or dependent upon a disordered state of the blood, I would suggest the employment of alcohol in preference to the stimulants mentioned above. It should be repeated often, and in small quantity. Flushing of the face, increased temperature, quickened pulses with increased dicrotism, the appear-

ance of alcohol unaltered in the urine, are one and all indications that it is being given in excess; while the opposite of these symptoms are indications that benefit is resulting from its use. Here opium clearly shows what it can do in restoring nerve-power and procuring rest. It may be applied either locally or given internally. Hypodermic injection is certainly a very valuable way of administering sedatives; occasionally, where the hypodermic injection of morphia and atropine fails, an amelioration is quickly obtained from a series of blisters and applications of morphia to the denuded surface. In some cases, atropine, morphia, and tincture of aconite, when mixed with chloroform, and simply applied to the skin, seem to afford as much ease as when they are used hypodermically. Some attacks of brow ague are instantly and permanently relieved by local anæsthesia. Local stimulants also occasionally effect a great deal of good. As regards the medicinal treatment of pain, it may be said in few words to consist in the administration of nerve tonics with sedatives; thus, for neuralgia, quinine, arsenic, or chloride of ammonium, are generally prescribed, with belladonna, colchicum, conium, lactuca, or cannabis indica; for neuralgia of the testis, perchloride of iron. Hemicrania is almost always benefited by muriate of cinchonine or iodide of potassium. The twichings that accompany locomotor ataxy are generally relieved by nitrate of silver in combination with belladonna. Numerous other instances might be given where nerve tonics and blood restorers are prescribed for the relief of pain; but these, I think, are sufficient.

Legislation on Insanity.

The blind zeal of certain persons of late, encouraged by a senseless hue and cry in magazines and newspapers, who have been urging legislation on insanity, is well shown up in the following allusion to the working of the Illinois law in an address of Dr. A. McFarland to the electors of Morgan county, Ill. The Doctor seeks a seat in the lower house of the next legislature, and if he succeed in obtaining it, we judge from the tone of this extract, that the present law will receive at least a portion of his attention. The doctor says:

"Among the base measures used by an unscrupulous ring, was a simultaneous attack on all the State interests of Jacksonville. The attack got an especial point as regards myself from the appearance on the stage, at this particular time, of an insane woman, whose rebuked free-love advances gave to her malignity all the venom proverbially attributed to the 'woman scorned.' Of all that followed for a year afterwards, at the cost to the State, of many thousands of dollars, with no result except to enable an ambitious politician, of little capacity and less principle, to figure for his brief hour on the stage, I make no mention—the whole being too purely personal, and only touched upon here as prefatory of the particular matter I wish to introduce.

"Among the devices conceived to annoy and punish the individual particularly aimed at, was an enactment, speciously entitled: 'An Act for the Protection of Personal Liberty,' clearly intended as a stinging insult to the Superintendent of the State Hospital; imputing to him a disposition to commit a high crime against the liberty of the innocent unfortunate, and appending the most degrading penalties known to the law for the offense. An act to prevent John Brown, of a particular city, street, and number, from stealing sheep, could be no more justly offensive to the John Brown indicated than is this enactment to myself. But the personal affront, attempted in the passage of the act, bears no proportion whatever to the wide-spread and cruel wrong it has inflicted on the class it is ostensibly intended to benefit. Its first effect was to draw from the quiet of their apartments nearly all the inmates of the State Hospital, and subject them to the mockery of a new inquisition—a measure full of disaster, but for the rare good sense and discretion of a Morgan county court and jury. Since that period no individual in Illinois, whatever may have been the circumstances of sex, age, physical health, or residence, who has needed treatment at the institution, but has had to pass the harsh ordeal laid down in this most singular statute. It converts every unfortunate insane person into a *defendant in a prosecution*, in which the dearest friends of the party are, in the necessity of the case, converted into apparent enemies. It often takes the invalid from the bed of sickness, to be transported, perhaps miles in an opposite direction from the institution, to a county seat, there to be judged by the ignorant hangers-on of a court house, who must hear prior to their decision, the secrets of the family and the sick-room laid bare as the accidents of the case may determine. What should be decided by a county judge in the privacy of his chambers, and upon the certificates of medical men, is made to depend upon the haphazard opinions and caprices of men grossly ignorant of the subject before them, the obvious effect of which frequently is to defeat the most kindly intentions of friends, and consign to hopeless insanity many whom a more ready access to the institution would have restored to reason and society. This enactment has met the derision, and received the protest of every philanthropic mind throughout the land. Persons of any sensibility who have the means, evade it by transporting insane friends to distant private institutions. Within a year, the ecclesiastical head of a great religious body, and also a member of the convention chosen to frame a new constitution for the State, have been

carried out of the State rather than be submitted to so odious an inquisition. The imagined wrong it was pretendedly set up to correct, thus affords a pretext for a greater possible wrong, in this constant abduction."

Carbolic and Cresylic Acids.

The *Druggist's Circular* says: These two bodies are so commonly known under the name of acids that we will continue to call them so, although by chemists they are more generally classed with the alcohols. They have great similarity, and only within the last few years have they been met with in commerce separately, having until then been both known as carbolic acid. Creosote, prepared from coal-tar, one of the most powerful antiseptics known, was thought to be impure carbolic acid until 1854, when Prof. Williamson and Mr. Fairlie, in an investigation of it, discovered it to be a mixture of carbolic and cresylic acids. It was then taken for granted that Reichenbach's creosote from wood-tar had a similar composition, until Hlasiwetz, in 1858, showed that creosote was a different body from either carbolic or cresylic acids. Finally Dr. Hugo Miller, in 1846, discovered that true creosote and its analogue guaiacol belonged to a different class of bodies, and consisted of methyloxy-phenic and methyl-oxy-cresylic acids. No experiments on a large scale have yet been tried with true creosote.

Pure carbolic acid is a white crystalline solid, melting at 34° C., and distilling at 180° C. A trace of water or oily impurities renders it liquid, and it is always applied in this form.

Cresylic acid is a liquid, boiling at 203° C., and closely resembles carbolic acid in order and other properties. It was formerly thought to be of no value as a disinfectant, but Dr. Angus Smith has lately shown that it rivals, if it does not surpass, carbolic acid in antiseptic properties. To distinguish it from carbolic acid is a matter of great nicety, even to an accomplished chemist.

The Febrifuge Action of Cold Water Used Internally.

Dr. JAMES S. BAILEY, of Albany, New York, reports the following cases in the Buffalo *Medical and Surgical Journal*:

During the war, while standing in a Southern depot, I was attracted by the groans of a man lying upon the floor in the corner of the room apparently suffering much. It was evident that he had a chill, closely approximating congestion, and now that reaction was established, in the delirium of fever he was muttering incoherently. I handed him a pint cup full of water which he drank much to the relief of his parched throat; I gave him another, which seemed to slake his thirst; a third cup was handed him, and with a little persuasion he drank it also, but in a few moments all three were vomited. I then insisted upon his taking the fourth cupful, when he again vomited the water, with large quantities of dark ropy bile. He was soon bathed in a profuse perspiration, the circulation became equalized, and there was an abatement of fever. I then prescribed Sulph. Quinine grs. v, and Sulph. Morphia gr. 1-16; Pulv. Ipecac gr. ¼; —every three hours. By the next morning he was enabled to resume his duties.

Within the last month I was called to prescribe for a young lady (A Louisiana Creole) who had just arrived in this city from Aspinwall, after a residence of twelve months in that locality. She was suffering from an attack of miasmatic fever, and represented the anemic appearance so common among persons whose blood has been thinned by a long residence in a warm climate. The spleen was much enlarged and congested, and, consequently, there was considerable tenderness and pain over this region. The nausea was excessive, and she vomited considerable blood, with matter deeply tinged with bile; her pulse numbered 120 and was small and thready; the countenance wore a peculiar pinched expression; skin dry and hot, and thirst excessive. Such was her condition when I first saw her. I immediately prescribed the free use of cold water internally; when she had drank about three pints she vomited copiously, which produced relaxation of the system and she perspired freely. The temperature was soon reduced, and she passed into a quiet and refreshing sleep. By the use of antiperiodics and tonics she was soon sufficiently improved to resume her journey homeward.

Temporary Blindness Following Intermittent Fever.

The following case is translated from a Vienna Medical Journal in the *Boston Medical and Surgical Journal*:

The patient was a robust young man aged nineteen. When first seen by the physicians, he was lying in violent clonic convulsions, entirely insensible; the body was sweating moderately, the pulse was 110, the pupils reacted slightly. He had been suffering during the previous fort-night with *intermittens tertiana postponea*; the attacks, however, had never reached the intensity of the one in question. The bystanders thought the man was dying. The symptoms being apparently referable to the "chill," which had made its regular appearance on that day, and had already passed into the sweating stage, a favorable prognosis was given. Three hours later the patient was found in the full possession of consciousness, bathed in perspiration, and weeping bitterly at the loss of his eye-sight. He said he had seen nothing since coming to his senses. The pu-

pil reacted distinctly to light; but the power of vision was reduced to a feeble perception of the light of a candle. Ophthalmoscopic examination gave a completely negative result; no pathological changes being visible either in the fundus or in the media. In view of the origin of this condition, it was thought best to administer a strong dose of quinia. The patient remained five hours longer in the same condition, then fell asleep (about 6 A. M.), and when he awoke the power of vision was completely restored. How much the quinia had to do with the favorable result, must remain uncertain. Pigmentary embolism of the *arteria centralis retinæ*, with consequent transitory disturbance of the nutrition, is suggested as a possible cause.

Poisonous Effects of Carbolic Acid.

The *Edinburgh Medical Journal* says: Professor Bardeleben found that when externally applied in surgical cases carbolic acid was absorbed and acted poisonously in about 1 case out of 10. This poisonous action was revealed often so early as the second day by a peculiar effect on the urine which, pale at first, became gradually darker on standing. No albumen was present in the urine, but the patients lost appetite and strength. He recommends as a substitute the sulphocarbolate of zinc, first employed by Wood. Mr. Lister states that he has never observed the peculiar dark urine since the paste was replaced by the lac plaster.

Dr. J. Wallace applied carbolic oil (1 to 8) to an abscess connected with morbus coxæ, in a child aged five. In about two months' time it was remarked that vomiting and dysphagia invariably followed each dressing, and on examining the urine he found it to possess a dark, smoky tint, very similar to the appearance of the urine in bad scarlatinal nephritis. Nitric acid added to the boiling urine threw down a heavy, dark precipitate. No trace of albumen. This deposit of pigment invariably appeared after each dressing with the carbolic acid, and disappeared again in a few days. A fortnight after the above symptoms were noted, he adopted Prof. Lister's most recent method of carbolic dressing by oilskin, coated with dextrine and shell lac, and carbolic acid plaster; matters became more favorable and the urine resumed its normal appearance. (*British Medical Journal*, April 30th). Dr. Lightfoot in the same journal reports a case in which alarming symptoms resembling those of pyæmic poisoning clearly resulted from the application of a weak aqueous carbolic lotion (1 to 50). The symptoms were developed three successive times when the lotion was employed and gradually subsided on its removal. Vomiting was dangerously severe, so that the patient's life was almost despaired of, but the urine was not darkened in color. Numerous observers have recently met with cases of poisoning in connexion with the use of carbolic acid, and it is very necessary to observe caution as to the too free external use of this agent. The *black* or darkened urine, which is the most constant symptom, has been shown to occur in an equally marked form, whether tar or some colorless preparation of it be the agent employed. The exact cause of the coloration is still an open question, but it is at least probable that the coloring matter is not derived from the blood. The constitutional disturbance is sometimes very grave, and seems to bear some connexion with different forms of solution of carbolic acid, the lac plaster appearing to be the safest, while a weak watery solution, freely used, apparently involves the most risk.

Glycerine.

Dr. Hager is convinced that glycerine often determines, particularly in regions where the skin is thin and delicate, erythematous and other eruptions. Hager found in a glycerine which produced irritation oxalic and formic acids, and in some specimens, ammonia. Besides these impurities, M. Schepky has verified, in glycerine reputed to be pure, the presence of nitric acid, fatty volatile acids, and alkalies; traces of chlorine, lime, and sulphuric acid sometimes exist in glycerine which has not been distilled—(*Rev. de Thér. Med. Chir.*, No. 2, 1870.) M. Pérutz states that butyric acid can easily be detected by gently heating the glycerine with a little alcohol and strong sulphuric acid. If butyric acid be present the pine-apple odor of butyric ether will be developed. According to Mr. J. Watts, the foreign or Vienna glycerine is apt to contain chloride of calcium, as much as one gr. in ℥ iii. An old specimen of yellow glycerine in my possession, labeled "pure glycerine" gave a distinct precipitate with nitrate of silver, soluble in ammonia, and a slight cloudiness with oxalate of ammonium.

Belladonna in Constipation.

Attention may be drawn to the value in which belladonna is held in the treatment of simple constipation by many physicians. Dr. A. Fleming, of Birmingham, noticed some years ago, that, in prescribing atropia, slight relaxation of the bowels frequently took place one to four days after the alkaloid was taken. If any constipation had existed it was removed, and sometimes even purging was produced. Dr. Fleming gave atropia (1–60 gr.) in pill or solution, and often in combination with some saline purgatives and tonics.—(*Brit. Med. Journ.*, Dec., 1865.) Dr. S. G. Armor also speaks most favorably of the services of belladonna in chronic constipation due to atony of the colon, and especially in cases of a nervous and hysterical constitution. In such cases 1-50 to 1-40 gr. of atropia, or ¼ gr. ext. bellad. two or three times daily will usually in

a short time bring about easy and natural defecation. (—*Amer. Practitioner*, Jan., 1870.) Dr. T. B. Nunneley, in the English *Practitioner*, adds his testimony in confirmation, and in dyspeptic constipation gives 1-6 to ⅔ gr. of the extract every morning on rising.

Reviews and Book Notices.

BOOK NOTICES.

The Practice of Medicine by Thomas Hawkes TANNER, M. D., F. L. S., member of the Royal College of Physicians, etc., etc. 5th American, from the 6th London edition. *Enlarged and thoroughly revised.* Pp. 1200, Philadelphia, Lindsay & Blakiston. *Price, cloth*, $6.00, *sheep*, $7.

Dr. Tanner began in a small way as a writer on the practice of medicine, his first work having been a mere hand-book. Successive editions, however, having been called for, the sixth appears as a portly volume of 1200 pages in its American reissue. This work is simply a reprint, not having passed through the hands of an American editor. Dr. Tanner has become one of our standard authorities in the practice of medicine. His style is pleasing, clear, and concise. Much information is given in a small compass. The work appears to be brought fully up to the times, though the English edition from which this is reprinted was issued just before the announcement by Liebreich of the remarkable hypnotic properties of the chloral hydrate. Consequently its place as a remedy will have to be supplied by the intelligence of the practitioner who has learned its valuable properties from the medical journals of the day.

Appended to the above is an appendix of Formulæ, including chapters on Climates for Invalids, and on Mineral Waters. No mention, whatever, is made, however, of the climate and mineral waters of this country. As a recent work on practice by an accepted authority, this work is to be commended to the notice of the profession, and is well worthy of their patronage. On behalf of those who will have occasion to study or read its pages, we desire to thank the publishers for the beautiful tinted paper and clear type used in the book.

Naval Hygiene. By Joseph Wilson, Surgeon, United States Navy. With an Appendix. Moving Men on Shipboard. By ALBERT C. GORGAS, Surgeon U. S. Navy. Reported to the Bureau of Medicine and Surgery. Published by order of the Navy Department. pp. 234. GOVERNMENT PRINTING OFFICE: Washington, D. C.

In a very pleasant, agreeable style, our author condenses in this work an immense amount of valuable information on the subject of Hygiene. He takes his reader to sea on a Government vessel, and introduces him to each part of it; makes him familiar with the various concomitants of a sea voyage—pitches a "man overboard" by way of bracing his nerves for an attack of sea-sickness; sings to him of "Home, sweet home," on purpose to bring on an attack of nostalgia; "goes through" a sailor's wardrobe; discusses the ration in all its varieties; how to keep and how to use provisions; how to make coffee, chocolate, and tea, but provides no condensed milk for these beverages, though he speaks of other condensed and desiccated provisions; indulges you with a chapter on the philosophy of nutrition; refreshes you with water in all its varieties, even to poisonous water, and tells you how to purify and preserve it; tells you some very good things about alcoholic and vinous drinks, which he does not seem to have a very exalted opinion of, very properly; treats you to various other drinks, then talks to you about the preservation of food, and tells you how you can have a vegetable garden on ship-board, in a small way, raise your own salad and keep off scurvy; then becomes a naturalist, and like Solomon, speaks "of trees from the cedar tree that is in Lebanon, even unto the hyssop that springs out of the wall, also of beasts, and of fowls, and of creeping things, and of fishes;" then gives you a touch of shipboard life within and near the tropics, with the various diseases to which you are exposed, and after thus whiling you on through thirty chapters, introduces you to his chum, who tells you how to move sick and wounded men on shipboard. The work is illustrated by sixteen wood cuts, and four lithographs of various fruits. There is also appended a list of authorities, a vocabulary, and a copious index. It is a very readable, pleasant work, not intended exclusively for the professional reader.

NOTES ON BOOKS.

We have received the following additional announcements of Medical Colleges: 5.—Louisville Medical College, 2d session, 1870–71. Session of 1869–70, matriculants, 70; graduates, 17. 6.—St. Louis Medical College, 29th session, 1870–71. Session of 1869–70, matriculants, 113; graduates, 43. 7.—Medical Department Iowa State University, first session, 1870–71. 8.—University of the City of New York, Medical Department, 29th session, 1870–71. 9.—University of Michigan, Medical Department, 1870–71. 10.—Harvard University, Medical Department, 87th session, 1870–71. Session of 1869–70, matriculants, 306. 11.—St. Louis College of Physicians and Surgeons, 2d session, 1870–71. Session of 1869–70, matriculants, 17.

We have received of William Wood & Co., New York, through Claxton, Remsen & Haffelfinger, the Theory and Practice of Obstetrics, by W. H. Byford, M. D. The Physical Exploration of the Rectum, by William Bodenhamer, A. M., M. D., and the Archives of Ophthalmology and Otology, vol. 1 No. 2.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 17, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade*:

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

THE EXPENSE OF MAINTAINING A MEDICAL JOURNAL.

The *British Medical Journal* is, in our view, the best of the British medical weeklies. It is the organ of the British Medical Association. Members of that body pay a tax of a guinea a year, and receive in return a copy of the *British Medical Journal*, which publishes the more important records and most valuable papers of that body and the branch associations throughout the United Kingdom. And the members *get the worth of their money*. The price of the *Journal* is very low compared with that of other British journals, and in consideration of the amount and value of the matter published. The *Journal* is conducted with much ability, and though, in the proceedings of the different associations published in its columns, and in the medical politics of the country, there is much that is of no interest to us, it contains, every week, a vast amount of practical, instructive matter. It is the vehicle of communication between the members of the British Medical Association, and contains, besides lectures and clinics of physicians and surgeons in the large cities, many communications from provincial practitioners, which are of very great practical value. Like ourselves the conductors of that journal seem to value the communications of its country contributors.

The report of the Treasurer to the late meeting of the British Medical Association gives some indication of what it costs to publish a medical journal. The receipts of the Association were about $27,600, aside from the cost of paper and printing, of which no detailed statement is printed, are the following items of cost:

Compensation to Editor and Assistant, about	$1,700
Paid to contributors, about	3,000
Office expenses, "	1,100
Clerk, "	750
Total,	$6,550

We make the above estimate from the figures given in the Treasurer's report, but do not know how exactly they represent the actual cost. The item of office expenses seems to be very low, though the probability is, that the expense incident to mailing comes into the printer's account, which is not given. The income from advertisements must be considerable, but what becomes of that we have no means of knowing—whether it goes into the funds of the Association, or helps to in-

crease the compensation of those who have the management of the work.

The few items of the Treasurer's report that are given, give us some idea of the cost of conducting a weekly medical journal in London, where material and labor cost less than they do with us.

The cost for the items given above, for the publications of the REPORTER office is very nearly, if not quite as much. But the question with us is not one of cost, but of ability to pay. No medical journal in this country ever paid, we think we may say, half as much to the medical profession as the REPORTER has, and as its ability to pay has increased, we have expended more on the literary department of our publications, and expect to continue to do so within reasonable limits, and we are determined that no other journal shall surpass us in this regard.

THE QUESTION OF FINANCE.

This question is a serious one, always and everywhere, when income is dependent on uncertainties of business or on the stated contributions of individuals. It is the question in all our medical societies, large and small. We hear of it year after year from the treasurer of our American Medical Association, whose means of usefulness are cramped by the lack of funds. The following from a correspondent of the *British Medical Journal*, and the discussion at the recent meeting of the British Medical Association on publishing a volume of Transactions, shew that that vigorous body labors largely under the same difficulties that our own Association does in this regard. Who will arise to solve this problem?

The delay and laxity of a certain portion of members in paying their annual subscriptions of a guinea, notwithstanding repeated applications, has evidently, from the treasurer's statement at the annual meeting, become a serious matter. The Committee of Council have adopted a more stringent system of application than heretofore, but it does not seem effectual. If any one can point out where it can be improved, or how the collection of annual subscriptions can be more efficiently organized, I suppose that the Executive will be exceedingly glad to consider such suggestions. A good many people are slow in paying all subscriptions; but the members of this Association receive for their annual guinea not only all the advantages of social, scientific, and political organization, but also a weekly JOURNAL, which binds them together in constant communication, and which is besides such as private enterprise is only able to supply for a sum exceeding the total amount of the annual subscription to the Association for all its purposes. The subscription, therefore, becoming a veritable debt from each member to the whole for expenses incurred on his behalf in weekly postage, paper, and printing, on the faith of his promise to pay, it is fair to suggest that a member who continues to receive the JOURNAL weekly, and fails to pay his subscription, due on the 1st of January in each year, does an injustice to all his fellow-members, and that at the end of the year will have taken eighteen shillings out of their pocket, the actual outlay on what he receives on the faith of his promise to pay, for which he returns nothing.

Notes and Comments.

Modern Therapeutics.

A second edition of Dr. NAPHEYS' Compendium of Modern Therapeutics, enlarged, revised, and improved is in press and will appear soon. This work has had a very rapid sale, and seems to give general satisfaction.

Outbreak of an Epidemic in Chile.

Intelligence has been received, in Liverpool, of the breaking out of an epidemic in Colchagua, on the coast of Chile, the effects of which are stated to be "as sweeping as those of cholera or yellow fever." The *Libertad*, which publishes the information, says: "We do not desire to cause a groundless alarm, but, on the contrary, to point out the evil in order that a remedy may be sought with the necessary promptitude. The disease presents itself first in the form of a violent fever, and then on the second or third day, appear on the face spots of a gangrenous character, which develop themselves in two days, and produce death in the midst of the most cruel sufferings. The ulcers especially attack the mouth and nose, which fall off in pieces." The journal concludes by recommending that experienced medical men should be sent to study the disease. It is also thought desirable that all vessels arriving from Chile should be strictly inspected by the Customs officials.

Correspondence.

DOMESTIC.

Some Practical Observations.

EDS. MEDICAL AND SURGICAL REPORTER:—These observations have been made in a practice of twenty years in a malarial section of country and are presented to the younger members of the profession with no claim to originality but with an assurance of almost certain truth.

Quinine.

Quinine is an antidote to malarial poison and will cure all malarial fevers from the deadly con-

gestion, to the annoying fever and ague type, if administered in time and under proper circumstances.

The principle foes to the full benificent effects of quinine are bile and mucus. A stomach loaded with bile or coated with mucus cannot absorb quinine. To these two obstacles many of the failures of quinine may be attributed. You can get rid of the bile by an emetic, or cathartic or both—and of the mucus by a stimulating emetic.

When quinine appears to fail in the cure of chill and fever, administer an emetic, and great disks of mucus will be discharged as large as a dollar and as tenacious as mucilage. These we call "chill blossoms"—get rid of them, then give quinine and get rid of the chills.

We have found the following formula to be the *best* to cure chronic chills:

R.	Sulph. Quininæ—(antidote).	
	Sulph. Ferri—(blood tonic).	
	Sulph. Zinci—(nerve tonic),	aa grs. lxxij.
	Pulv. Aloes (purgative),	grs. xxx.

Mix and make into seventy-two pills—one pill three times a day. We believe the formula came from Dr. Wells, of Columbia, S. C., and has been in my own and my father's practice for thirty years. It may be made into a solution and given one teaspoonful three times a day.

Quinine may be administered in any stage of bilious fever after the action of a mercurial cathartic. No necessity to wait for an entire remission of the fever.

In bilious fever we use the following formula obtained from Dr. Oliver, of Montgomery, Alabama.

R.	Sulph. Quininæ,	grs. xxxvj.
	Sulph. Morphiæ,	grs. j.
	Tinc. Aconit,	R. gtts. xij.

Mix, make twelve pills—one pill every two or three hours until all are taken. We make the pills as follows: Drop the tinct. aconite on the morphia, dissolve the morphia in the syrup, and add the quinine. This is necessary to prevent the improper mixture of the aconite or morphia. This will be found an exceedingly useful formula to the country practitioner as it may be left for use for several days and the directions easily understood.

Quinine in an *undissolved* state is very irritating to the stomach or rectum, owing no doubt to the obstinacy of its crystals—hence, it ought not to be given in water or dry in capsules—make into pills or a perfect solution.

Quinine should not be administered when the patient has a *red*, cracked, or glazed tongue. It is consequently a very poor remedy in peculiar forms of dyspepsia, and in the advanced stages of typhoid fever. For the same reason it should be used with caution in dysentery or diarrhœa.

Per contra, it may be used to prevent the febrile paroxysms of bronchitis, but is useless after tubercles are formed in phthisis. Its control of the fever may be taken as a fair diagnostic test of the existence of phthisis or bronchitis. Quinine produces in some patients a severe form of urticaria. Reasoning from this observation, we have made it our principal remedy in the treatment of measles. After gently opening the bowels, we give quinine in spts. nitr. dulce every three hours during the accession and advance of the eruption, and in whisky toddy during the decline.

Quinine still stands prominently ahead of any other remedy in the treatment of malarial fevers. Time will be lost in trying anything else. It will not make your patients permanently deaf or blind, and should be adhered to despite their prejudice or antipathy.

If these observations are found worthy to place in so valuable a journal as the Medical and Surgical Reporter, we may write again on other remedies.

W. L. Lipscomb, M. D.

Columbus, Miss., September, 1870.

News and Miscellany.

——Sir Dominic John Corrigan, an eminent physician of Dublin, has been elected member of the British Parliament for that city. Dr. Corrigan is an ex-president we believe, of the British Medical Association.

——According to Dr. Hager (*Pharm. Cent. Halle*) Radway's Ready Relief is an alcoholic solution of camphor, oleoresin of capsicum, and ammonia.

——The Paris *American Register* contains a notice signed by Dr. Thomas W. Evans, Chairman, and Edward A. Crane, Secretary, that "all persons interested in the humane work of providing help for the wounded should immediately send in their subscriptions in money or in kind. These subscriptions may be addressed to the American International Sanitary Committee, office, 15, Rue de la Paix, Paris."

DIED.

Day.—Dr. Horace B. Day, of Utica, N. Y., a highly respected physician, was accidently killed in the depot at Fitzwilliam, N. H., on the 24th of August, while stepping from the platform on to a car, he missed his footing and was thrown under the wheels.

Bedford.—On Monday, Sept. 5, Dr. Gunning S. Bedford, in the 64th year of his age.

Chapman.—On Friday, Sept. 2, Mrs. Rebecca B. Chapman, widow of Dr. Nathaniel Chapman, in the 88th year of her age.

Corson.—On the 2d inst., Margaret, wife of Dr. Thos. F. Corson.

Fair.—Aug. 16th, Dr. Samuel Fair, a physician of large practice in Columbia, S. C., for thirty years.

Peterson.—On Sunday, the 4th inst., at Long Branch, Hannah M., daughter of the late John Bouvier, and wife of Robert E. Peterson, M. D., in the 59th year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 709.] PHILADELPHIA, SEPTEMBER 24, 1870. [Vol. XXIII.—No 13.

Original Department.

Communications.

DROPSY OF THE AMNION.

By O. A. Battson, M. D.,
Claremont, Ill.

Cazeaux lies before me as I write, and I quote from his article "Dropsy of the Amnion," (Edition of 1866, page 311): "In the present state of our science it would be absolutely impossible to designate the cause of this singular affection, although some facts seem to militate in favor of its being produced by an inflammation of the amnion; but this opinion requires further confirmation to be received without hesitation, for, notwithstanding Dr. Mercier claims to have seen the internal surface of the amnion covered several times by false membranes, and the membrane itself highly injected, yet other observers have not detected anything of the kind." (*Jour. Gen. de Med.*, tom. xiv).

The latter portion of this paragraph seems clearly to express the opinions of the author just quoted, and it also gives us the opinions of others in reference to the still uncertain pathology of this disease. But in this controversy I shall take sides with Mercier. On Sunday, August 14th inst., I was called in the country about four miles to visit Mrs. M., whom I had attended in several former labors. Her age was 39. I found her holding to a post of the bed, as she stood upon the floor, during a pain. I noticed her abdomen was enormously and painfully distended. I asked her to lie down, but she could not do so, as she said, on account of the smothering. She had always to be propped nearly upright on her bed to secure any rest or sleep at all. So for the present she remained standing, only taking a chair near by, during the intervals of pain. These were extremely feeble. Presently during one of these efforts at contraction the cyst was ruptured, and a large quantity of water, at least a gallon, deluged the floor. She was now placed upon the bed, the feathers having been previously removed by my directions. I examined her now for the first time. The os was found sufficiently dilated, had the pains been efficient, to have given exit to the child; head presenting; abdomen still very much distended, and larger than it should be at term. I raised the head several times, at proper intervals, in order to effect the escape of the large quantity of water, each pain discharging more and more until all, or nearly all, had escaped. A large wooden bucket was placed under the bed for the purpose, and two gallons and a half were collected. This quantity, added to that on the floor and saturating the bed, could have amounted to a total of not less than four gallons or *thirty-two pints*. The water I observed in this little sea upon the floor was clear, limpid and flocculent, exhibiting numerous flakes of coagulated albumen, light and feathery, as they were gently wafted by the breeze coming through an open door. Variable quantities of water have been reported as having been seen in this disease; even more than that which I have reported. Fifty pints are said to have been collected. Baudelocque, I believe, reports thirty-two pints, the quantity seen by me. The waters having all, or nearly all escaped, the abdomen of my patient assumed a proper size, and the labor went on. The pains now became powerfully propulsive, and in about thirty minutes a *dead* fœtus was expelled. The forehead escaped under the arch. I used no ergot, having this time none in my case. I do not suppose it would have accomplished the rupture of the cyst any sooner, as it would not likely have the power to affect a uterus so distended. The *quickening* was at

no time, as the patient informed me, very perceptible. She felt no motion, only twice; and the last time about ten days before delivery; about which time I suppose the fœtus ceased to be viable.

After bestowing the usual attentions to my patient; carefully conducting the expulsion of the placenta and the membranes entire; and securing the subsidence of the uterine globe to its proper size and position in the pelvic chamber, I now proceeded with the *autopsy* of the fœtus. Its weight was unusually light, being but 4 lbs. and 8 oz., avoirdupois; its length was scant 15 inches. An arrest of development in the cranial bones of this fœtus was remarkably apparent. The *parietal* bones were separated by at least half an inch, throughout the whole tract of the *sagittal* suture, from the superior angle of the occiput to the root of the nose; the bony arrest extending through the os frontis, exhibiting instead of the normal suture a deep bluish depression. Instead of forming the *lambdoidal* suture, the deltoid edges of the occipital bone overstrode those of the parietal. The occipital bone was very much flattened on its convexity, giving to the back of the head a singularly strange and perpendicular appearance. The back of the fœtus over the cervical and dorsal regions was considerably edematous, pitting under the finger. Several large watery cysts, the size of an almond and larger, occupied the neck and top of the shoulders. A similar cyst occupied the back part of each elbow-joint; whence, I concluded that the dropsy of the amnion was extended to the fœtus. The knee and elbow joints were flexible as usual; but the tarsal articulations were immovably fixed or *anchylosed* admitting of no motion of the ankles. Both feet were clubbed; the right foot distorted downward and inward, and the left in a contrary direction, upward and outward. The carpal joints also were fixed and immovable. The left carpal bones were *in situ*; but the right were opposed and firmly fixed to the inside end of the radius. The ulna projected into view. The thumb was webbed with the integuments of the forearm, and the hand pointed across the chest. The shoulder joints were unaffected. The lower jaw was anchylosed, admitting of only a very slight depression of the chin. The red, fleshy, button-like protuberance on the end of the ulna, and which I omitted to mention in its proper place, gave the articulation a strange appearance. This fœtus taken as a whole—diminutive, dropsied, and deformed, was a striking illustration of this dropsy in its effects in arresting fœtal developement. I have been thus minute in its description, for the reason, that I shall have occasion to refer to it, as I progress with the study of this strange disease.

Remembering the unsettled dispute among writers on this disease, as to its etiology and pathology, I had made up my mind to give the placenta and amniotic cyst a very careful inspection, after I had seen my patient comfortable. Accordingly, as is my constant custom, I received the placenta in my hands, and carefully twisting the membranes into a cord, by twirling the placenta over and over, to avoid leaving any shreds in the cavity of the uterus, which accident I have seen followed by a good deal of pain and hemorrhage. I now carried the vessel containing my prize into the back yard, where I might have the best light, in which to conduct the autopsy. At my request two intelligent lady witnesses went with me, for I wanted witnesses, and these were competent, for they had themselves been present and officiated in many deliveries, and the older lady in hundreds. I informed them of the dispute among the doctors concerning this disease, in order to invest my proceedings with some degree of common sense. I now carefully unfolded the membranes, and holding them up in a good light, I was inexpressibly delighted to find that Dr. MERCIER had told the truth, notwithstanding CAZEAUX had, in the quotation at the beginning of this article so nearly called in question his veracity. The inner surface of this amnion was traversed by numerous red lines, longitudinally arranged, from one to six inches in length, and about the size of a common sewing thread. They were generally straight and not observed to branch. I broke one of the largest with my finger nail and observed a dark-colored blood. Scattered over the surface of the membrane, I also observed detached patches of a fine capillary net-work of vessels of lighter tint, and rendering, when held in the light, a most beautiful and variegated rose-colored surface, in the interspaces between which, the membrane presented no unusual appearance. The cord was a beautiful necklace, stranded with cysts of pearl. The placenta was diminutive, contrary to what has been stated by BUNSEN and KILL. A placenta aborted at the sixth month, says Kill, was a third larger in circumference.

The placenta in my case, however, did not measure more than half as thick as an ordinary placenta generally is. The tissue was consolidated and firm, but no external traces of plastic lymph were observed. Still I must regard the consolidation of tissue as due to *placentitis*. Dr. BYFORD, of Chicago is the only writer that I know of, who has systematically spoken of placentitis as a disease *sui generis;* considering that it always exists as a cause of adherent placenta. He omits to state that it may exist without attachment. I know it does. At least I will say, that it is always so attached; the unassisted efforts of the uterus may detach it. I had no trouble in delivering this placenta. In the case reported by Dr. CORY, the placenta was adherent; while Dr. LIEBMAN, unfortunately, says nothing about it. I was as particular as it was possible for me to be, under the circumstances; for I had no instrument with me, not even a gum lancet. The next day on a return visit, I thought I would unearth the placenta and re-examine it; but to my great disappointment, it had been long since thrown behind a wood fire among the ashes. I now considered that the pathology of this disease was only to be sought for in the evidences revealed by the anatomical developments that might be found in the placenta and the fœtal membranes.

From what I myself observed, in this careful autopsy of the intra-uterine contents, I think it may be conclusively and pathologically deducted that, dropsy of the amnion, now in process of investigation, is emphatically a disease of the fœtus and its organs of connection with the mother; that it is furthermore, a disease *sui generis*, resulting from some morbid condition of the embryonic structures, and is especially due to "a highly injected state of the membrane itself," as seen by Dr. Mercier, and if by no other living witness, at least, by myself, who am endeavoring to establish a true pathology for this important disease. In support of what I now feel warranted in asserting, namely, that amniotic dropsy is *always* the result of *inflammation* of the amnion itself, in contradistinction to the *endosmic* or *ehalent* theory, as espoused by Cazeaux, if not all other authors, I shall appeal *first* to the evidences afforded by the embryonic appendages or organs of connection; *secondly*, in support thereof, to the evidences afforded by the fœtus itself:

1st. That dropsy of the amnion is always the result of *inflammation* of the amnion itself, I shall in confirmation of this, directly approach the evidences afforded by the anatomical characters of this membrane. Cazeaux himself shall bear witness, page 202, that, "The most internal membrane of the ovum, or the amnion, is formed by the inner lamina of the fold, or the cephalic and caudal hoods which constituted the external *serous* layer of the blastoderm surrounding the embryo." This is of itself a sufficient acknowledgment of the *fact* that, the amnion, anatomically considered, is identical in structure with that of a serous membrane. The serous structure of the amnion being thus admitted, we extract from Wilson's human anatomy, page 501: "Serous membrane consists of two layers, an external or areolo-fibrous layer, and an internal layer or epithelium. The *areolo-fibrous layer* upon its outer surface is rough and vascular, and adherent to surrounding structures; but on its inner or free surface is dense and smooth, and deficient of vessels. The smooth and brilliant surface of serous membrane is due to a distinct epithelium, composed of laminæ of cells, and flattened polyhedral scales with central nuclei. Henlé has also observed this structure, which may be demonstrated with a good microscope, on the surface of all the serous membranes of the body, upon the surface of the living membrane of arteries and veins, and on synovial membranes."

The amnion then, no matter whether any vessels have been demonstrated in it or not, in its normal condition, is certainly capable, under peculiar circumstances, of assuming for itself specific and vitalized organization. Composed, as it essentially is, of epithelial or cell-pressed tissue, with central nuclei, it possesses within itself all the essential elements of an organizable and living structure. Is not this original cell-germ, inclosing its central nuclei, the primeval, elementary source of all created animal life? Is it not regarded, in the present advanced state of our science, by all enlightened physiologists, as being capable within and of itself of assuming a high degree of vitality? Does it not create from its own resources the most delicate vessels in whose walls is urged on and on the everflowing tide of life? Has not an allwise Creator himself endowed this primitive cell-germ with the great mystery of mysteries, the inscrutable

and infinite power of reproduction? Finally, is not man himself spoken into existence in the image of his Creator, from a mere nucleus, inclosed in one of these primitive cell-germs? Such is human life, and such the inscrutable power, that is ever peopling and re-peopling the earth with its teeming millions.

But, in addition to this reproductive power, as possessed by an original isolated cell germ, it assumes for itself a secondary vital power by association, as it were, or by compression into a concatenated series of juxtaposed cells. This concatenated, cell-compressed tissue constitutes the anatomical mechanism of the amniotic membrane, as well as that epithelial tissue found on the internal surface of all the serous membranes of the body. The fluids by which these surfaces are lubricated is a secretion, *sui generis*, and not a mere process of transudation or endosmosis, as Cazeaux has declared to be the manner of collecting the liquor amnii. I do not think that these little holes in the amnion, through which Cazeaux strains the liquor amnii, has ever been demonstrated to have any existence. This theory may certainly be accepted as the easiest, but it evidently cannot be proven, as the anatomo-physiological method by which the liquor amnii is afforded. The anatomical characters of this membrane, and of the secreting epithelial tissue of serous membranes have been alike demonstrated to possess no vessels. Then, why may it not be philosophically and logically contended that the lubricating secretion of all serous or synovial membranes is exhaled from these structures, in the same way that it is supposed to be strained through little holes or openings in the structure of the amniotic membrane? But all anatomists declare the lubricating liquid of serous surfaces to be a vital secretion, not an exhalation.

I hope I may not be accused of wantonly extracting from Cazeaux if I thereby become the more able to demonstrate that for which I am now contending, namely, that the liquor amnii is a secretion, *sui generis*, furnished from the amnion, as like secretions are derived from all other serous membranes. I am compelled to differ honestly, yet earnestly, from what I conceive to be the erroneous opinions of this almost uniformily accomplished, and correct scholar. Besides, he is the only author in my office who so fully treats of the origin of this disease, or who so minutely describes the anatomical characters of the membrane from which it is derived. I must be permitted, then, to introduce what he says in reference to the disease now in process of investigation. On page 202 he says: "The amnion undergoes no important change during the ulterior development of the ovum; nor does its texture. Of course, it would be more firm and consistent, acquiring by time a greater resemblance to the serous membranes, although it neither incloses nor possesses vessels at any period." Here he has exactly developed the anatomical characters of the membrane; but he as suddenly drops and spoils it all, by introducing in the very next sentence the dubious testimony of another obstetrical author: "Nevertheless, says Dugés, it probably has some openings which permit the waters exhaled by the uterine capillaries, and received by the vessels of the decidua, and villi of the chorion to be diffused around the fœtus; but this perspiration of the liquids secreted by the internal uterine surface, may very possibly be a simple phenomenon of endosmosis." Here then at last is the initial theory of what has been called endosmosis or vital imbibition. Cazeaux first very correctly gives us the anatomy of the amnion, but upon finding no holes in its structure, it was necessary to allow Dugés to complete the final arrangements by only saying, "It probaby has some openings." I will only say again, it has never been demonstrated, I think, by microscopical anatomy that any such openings exist.

From its analogy to that of surfaces known to secrete a lubricating fluid I am forced to conclude that the amnion is also a secreting membrane; that at first its secretion affords but little else than a lubricating oily material, and without which the vital organization of the membrane could not be maintained; and afterwards increasing very gradually in quantity, *pari passu*, as the development of the fœtus advances, and as the necessities of its nutrition and defense from harm requires. It will be remembered also, that secreting surfaces, constructed anatomically, perfectly identical, yield very variable products as to quantity and quality, even as used for purposes of lubrication, to say nothing of differences as resultant of disease; and that the serous surfaces, as a consequence, have been divided by anatomists into two classes, each class eliminating in health or disease a different proportion of albumen. The arachnoid, pericardium, pleura, peritoneum all pour out a small proportion of

albumen; while the tunica vaginalis, synovial membranes, and bursæ pour out a much larger proportion of this coagulable material. The liquor amnii, a serous product secreted by the amnios, contains the very smallest proportion of albuminous matter of any other secretion. This fact, however, can afford the transudationists no logical argument, as to its mere excess constituting it a dropsy; for, in that case, it can only be regarded, at the farthest, a vitiated secretion, a very different thing from amniotic dropsy. Vital imbibition on which their theory is built, must be a sagaciously instinctive process to absorb so little albumen from the blood, where it so abundantly exists. Thus have I demonstrated, anatomically, that hydrops amnii or dropsy of the amnion is always the result of inflammation of the membrane concerned; and at the same time have deducted physiological evidence from the analogical likeness of this to all other serous membranes that the liquor amnii is a secretion proper of the membrane itself.

2d. As before marked out, for the further support of the inflammatory origin of this disease, I shall appeal to the evidences presented by the fœtus itself. I have already spoken as to an inflammatory action having, from some cause, seized upon the fœtus and its appendages or organs of connexion with the mother; and have already mentioned the consolidation of the placenta, in support of this opinion. The induration or hepatization of the placental mass is exactly the analogue of what does occur in the parenchyma of the lungs, in the stroma of the ovary, and in the structure of the liver. But, as to the fœtus itself, we have a very strong anatomical proof in the fact that the amnion is itself an evident continuation of the "external serous layer of the blastoderm surrounding the ovum." Cazeaux further says, page 184: "During the progress of these phenomena, the external or serous layer of the blastoderm is raised in folds around its central portion, which has been developed into the embryo, and more especially so at the caudal and cephalic extremities." He also goes on to say: "These folds elongate rapidly, passing along the dorsal regions of the embryo, and ultimately come in contact with each other on the median line." This palpable connection of the amnion with the fœtus, a portion of it being "developed into the fœtus," is conclusive evidence, that it is continuous with the fœtal investments, and is subject to the same accidents or diseases while being in direct connection with the embryo, that is, to inflammation and consequent dropsical effusion. Besides the fœtus has often been known to be affected with dropsy while in utero; for I have seen a dead-born fœtus with hydrocephalus, and others with ascites; in one case in connection with a general dropsy of the mother, ascites and anasarca. The mother made a perfect recovery, and I have attended her once since, with no return of the disease, either to herself or child. But, in further support of the propagation of this morbid action to the fœtus, I will ask the reader to observe the large watery cysts upon the shoulders and neck of this fœtus, and back of the elbow joints. But more than this, I appeal to the cord as the strongest evidence of all. There were a large number of small cysts containing watery fluid, one of which I ruptured, as they were strung along the funis. From the known anatomical fact that the amnion forms the investment of the umbilical cord throughout its entire length, I think it can no longer be doubted, that the inflammation of the amnion was propagated by structural continuity to that portion of the membrane investing the umbilical cord. In further proof of the amniotic waters being a *secretio amnii* I shall append a chemico-vital analysis of the liquor amnii by Vauquelin, and extracted from Cazeaux, page 203. This analysis affords:

98.8 Water,
1.2 Albumen, hydrochlorate of soda, phosphate of lime and lime.

I am afraid that the best obstetrical authors are not always the best anatomists. The reason is perhaps to be found in the fact, that all such authors must invent a theory of some kind, in order to distinguish themselves. Listen to VELPEAU: "Everything proves that the liquor amnii is the result of a transudation or of a simple exhalation, like the serum of the pleura, pericardium, etc., and that this process requires no particular canals for its accomplishment, being a phenomenon of vital imbibition." Here it is again, and Velpeau has exhibited his anatomical skill in a very *dubious* manner; for in this account he has committed a most egregious blunder. Every anatomist and every anatomo-physiologist that I have ever read, defines the liquid on the inner surface of the pleura, pericardium, etc., to be a *secretion*. It is surprising indeed, that such scholars as Velpeau, Cazeaux, and Rams-

botham should adopt such a *dubious* theory, and more surprising still that American authors should follow their example. I think the time is at hand, when all such speculations as this, for the credit of obstetrical science, should be expunged from the works of obstetrical authors.

It will be seen from the foregoing analysis that the liquor amnii contains a very small proportion of albuminous matter and salts. This proves conclusively to my mind that it contributes but little to the nutrition of the fœtus, except in the early stages of gestation, when, I am inclined to think, without absolutely knowing that it contains a much larger proportion of albumen. But, as the development of the ovum advances and requires more and more for its nutrition, I think it now draws largely upon the utero-placental circulation. I think the proportion of albumen is much too small, from the analysis given, to afford anything like the appearance of the water which I examined in the case I am reporting. Deducting from 1.2. a reasonable allowance for the saline matter contained, the proportion of albumen necessarily falls on the decimal side of 1. But in the water that I saw, there were innumerable flakes of albumen floating or suspended in it, which of itself was sufficient evidence that the large quantity of water in this case could not have been an excessive secretion of the liquor amnii. It was evidence conclusive that the water which I saw must have been developed by some "morbid condition." The fluid of dropsy is not seen coagulated, unless a chemical re-agent has been in some way applied to it before it has escaped from the cyst in which it was confined. I think this appearance, as observed by me, may have been produced in either one of two ways: either by the elimination of an acid in the liquor amnii proper; or, as is equally probable, by the urine of the fœtus, having set free an acid which afterwards became suspended in the liquor amnii. For it must be remembered that this voidance of fœtal urine is regarded as essential to the preservation of fœtal life.

The urine of the fœtus contains several acids, either of which if disengaged, its base may give rise to coagulation of the albumen of the liquor amnii, or of the dropsy of the cyst however produced. I have no manner of doubt dropsy may in this way be developed, by the irritating presence of a free acid, which thus becomes the exciting cause of inflammation of the amniotic membrane. This I can not regard as at all improbable. The urine may disengage any of these combined acids, as the uric, benzoic, acetic, fluoric, rosiac, lactic, muriatic, or sulphuric acids, which may thereby morbidly impress the membrane, and thus become the actual exciting cause of the inflammation. Particularly, do I think that this may be the result, in the early stages of pregnancy. This may seem to militate against the assertion I have seen in some authors, that the dropsy in question does not occur before the sixth month. But this assertion, as we go along, will be shown to be incorrect. But I am not pointing out this or any other exciting cause in the case I am reviewing. I only mention the elimination of a free acid as one probable cause. But, in order still a little further, and also the more clearly to demonstrate that the liquor amnii, even when in excess, is a secretion *sui generis;* and also to show that it can in no sense, or by any chemical test, be made to develop the characters of a true dropsy, which depends exclusively on a certain proportion of albumen, and which proportion the liquor amnii does not possess; I ask leave to present the chemical analysis of the several forms of dropsy, and also of the serum of the blood, from which the dropsies are derived. The table is from Dr. MARCET:

	Average Specific Gravity.	Solid Constituents. Grains.	Animal Matter. Grains.	Saline Matter. Grains.
Fluid Spina Bifida	1007.	14.4.	2.2.	9.2.
Hydrocephalus	1006.7.	9.2.	1.12.	8.08.
Ascites	1015.	33.5.	25.1.	8.4.
Ovarian Dropsy	1020.			8.0.
Hydrothorax	1012.1.	26.6.	18.8.	7.8.
Hydrops Pericardii	1014.3.	33.0.	25.5.	7.5.
Hydrocele	1026.6.	80.0.	71.5.	8.5.
Blister	1024.1.			8.1.
Serum of Blood	1029.5.	100.0.	90.8.	9.2.

In this table, the albuminous matter of these several forms of dropsy is shown in the column headed "animal matter." The quantity greatly varies in proportion. In the dropsies of the upper cavities of the body the *smallest* proportion of coagulable material is developed, while in those of the lower parts of the body the *largest* proportion of albumen is shown to exist. Assuming now abdominal dropsy as the standard of development, it will be seen from the analysis of the amniotic fluid already given by Vauquelin, that the proportion of albumen is too insignificant to respond to a chemical

test, with any such degree of albuminous evolution, as that which is known to exist in ascites. No matter by what excess the volume of the amniotic fluid may become increased, its chemical characters are always the same, and the proportion of albumen remains unchanged. Had the fluid I examined been only an excess of the liquor amnii, it could by no possibility have responded to any chemical test with such vigor, as to have developed the great number of albuminous flakes, which I saw in this accumulation with my own eyes. I am inclined to think, however, that when the fluid or serum of true amniotic dropsy shall be subjected to analysis, it will be found to develop a proportion of albumen equal to that existing in hydrocele. I conclude that such will be found to be the case from what I may call analogical probabilities. Hydrocele being a dropsy of the generative or reproductive apparatus; the amnion becoming accidentally inflamed, may by sympathetic contiguity, give rise to an accumulation containing a similar proportion of albumen, equal perhaps to that existing in hydrocele or dropsy of the tunica vaginalis testis. This contiguity of sympathy or sympathetic affinity may be fairly assumed from the fact that the liquor amnii possesses a spermatic odor. Adding to this now a similarity of structure, as evidently exists, I do not think it at all improbable that dropsy of the amnion will be found to develop, at least, a very large proportion of albumen. But, possessing as is shown already such a very small proportion of coagulable lymph, less than a decimal part of 1 in 100 parts of fluid. I repeat that a chemical test of no intensity can possibly develop such phenomena as those observed by me, as existing in the accumulation now under review. Thus have I attempted to demonstrate as far as the limits of such a paper admits, not only anatomically and physiologically, but vito-chemically; first, that the liquor amnii is a secretion *sui generis*, not demonstrable on the hypothesis of transudation; secondly, that a mere excess of volume by whatever amount, can in no sense constitute it a dropsy, unless a collection of water is so defined; and lastly, that its pathological etiology is directly traceable to *inflammation* or a "high degree of injection of the amniotic membrane itself."

Conceding the inflammatory origin of the disease, it will still be asked how is this inflammation produced, or how is it set up? I have already intimated that the parent cell, with enclosed nuclei, besides being endowed as capable of reproducing its like, the essential preliminary of all created animal life, possesses also the power of creating new substances or eliminating deposits of plastic lymph, which of themselves become quickly organized. The secreting surfaces of all serous membranes, and of the amnion also, are composed of a concatenated series of primary cells compressed, with flattened polyhedral scales and central nuclei. Thus constituted, these structures are known to anatomists as epithelial tissue. This is the tissue which eliminates the lubricating material of all serous and synovial structures. And this the tissue, too, which essentially constitutes the amnion, not an exhaling, but a secreting membrane.

This membraneous structure, the amnion *itself*, may become congested or inflamed, if not *primarily*, by creating a vascular tissue proper within its own structure; at least, *secondarily*, by precipitating a plastic product on its own internal surface, which secondary tissue becoming quickly organized with an infinitude of miniature vessels carrying red blood, may thus give rise to a serous effusion, *quantum sufficit*, to constitute a true dropsy. Pathological anatomy has developed the theory by which this plastic product is precipitated on serous surfaces, and also the process by which they become organized and living tissues. If I mistake not, Professor S. D. GROSS, in his brilliant treatise on pathological anatomy, which I read many years ago, treats of this mysterious subject very fully, when speaking of his heterologous and other transformations. This theory of the vital organization of these plastic products is very graphically and beautifully described by DUESBURY in his article (Transformations, Subdivision, Vascular Transformations, Cyclopedia of Practical Medicine, Vol. IV, page 465). "The next step after the disposition of lymph assuming a cellular structure, is the generation of blood vessels by which the part becomes organized; this generation of vessels being one of the most curious and important points in pathology, and being the offspring of nearly all the morbid products, deserves a more minute investigation." "If we examine, by the aid of a microscope, a clot of effused lymph, we observe, after a certain period, a series of continuous vesicles forming a kind of canal, or

a single canal itself, without any vesicular appearance. This is found, after a time, to contain a fluid which gradually assumes the characters of blood. The canal elongates at each extremity, and vessels are formed laterally, so as to give it the same disposition which we find in the trunk of the vena portæ and its hepatic and abdominal ramifications. The vessels, by their further development, at length inosculate with those of the parent or surrounding tissues. KALTENBRUNNER describes the latter vessels as becoming ruptured and projecting the globules of blood through the clot, and thus forming the canals of communication as observed in a part under inflammation." Thus then is developed, step by step, that mysterious process by which an amorphous or cellulo-plastic product becomes an organized and living tissue. This inscrutable process constitutes the primary step as beginning the development of the *ovum*, and which by continuous and consecutive processes finally constitutes the grand total of human life.

The membrane that envelops the human *ovum* is essentially one of these amorpho-homogeneous, and cell-pressed, plastic products, composed as it is, almost entirely of albumen, as it originally constitutes the blastodermic membrane that envelops the ovum; and essentially vital in its simple and structureless arrangement around the ovule; it becomes as it were a radiating surface, from which are eliminated all the life principles that sustain, nourish, and develop the ovum until it becomes attached to the mother's structures; and even then, not surrendering its officiousness, it serves the further purpose of furnishing a soft, lubricated envelope for the ovum, and as the development of the latter progresses, a copious secretion in which the fœtus securely floats, protected from all harm that otherwise might menace it from within and without. It is no argument to contend that amorphous or homogeneous structures, because originally devoid of vessels, they can never be possessed by them. Nor is it a logical deduction to assume that because a surface may not contain any demonstrable vessels, that they cannot afford a secretion. The epithelial tissue which composes the internal layer of all serous and synovial membranes are proven to be entirely destitute of vessels, and yet no anatomist will deny that they do furnish a secretion. Amorphous and plastic deposits certainly contain no vessels as first precipitated, yet after arranging its cells into a sort of filamentary canal the crimson tide is soon observed traversing it.

It is this absence of vessels in the amnion that has been the stumbling block of obstetrical writers. And yet, knowing that the large quantity of water inclosed within this cyst must in some way be accounted for, it was the easiest method to improvise innumerable little holes through which it might be strained. But to prevent it from straining back again as well, it became necessary to epithet this process with *vital imbibition*. I am disposed to think that however pretty *vital imbibition* sounds, it can not be regarded as a physiological endowment of any living structure. The terms transudation, exhalation, endosmosis, etc., are all well enough applied as descriptive or distinctive epithets, yet I think that terms like these are more correctly applied to vegetable chemistry than to essentially vital and physiological processes like secretion or the vital elimination of effete material. I can not but regard the liquor amnii as a secretion designed for the nutrition, but more for the protection of the enclosed fœtus. To regard an excessive quantity of this secretion as constituting amniotic dropsy, is just as philosophical and correct as to say a dropsy of the chest may be produced by an increase of the natural secretion of the pleural membrane. I must therefore regard dropsy of the amnion as I do dropsy of the pleura, as a disease *sui generis*, and that the former has a like pathology with that of the latter, both essentially dependent upon inflammation of the membrane itself.

[*To be continued.*]

EXTENSIVE INJURY OF THE HAND, WRIST, AND FOREARM, WITH COMPOUND DISLOCATION OF THE ELBOW, ETC.—AMPUTATION OF THE ARM.

By WM. P. RODEFER, M. D.,

Of New Market, Tenn., late Surgeon Q. M. D., U. S. A., in charge of Q. M. Hospital, Knoxville, Tenn.

The report of many cases occurring in practice, particularly those instances where some newly suggested plan of treatment has been attempted, always possesses a peculiar interest for the busy worker, not only on account of the freshness with which such cases come to him, but because their history serves to bring prominently before him principles and

plans which he may at no distant period be called upon to test in practice.

At about 9 o'clock in the morning of the 11th inst., I was hastily summoned to the residence of Mr. S., one mile west of the town of N. M., to see a patient who was represented to me by the messenger—who, himself, was too greatly excited to give me any intelligible information—as having had his whole arm torn off by its being caught by the cylinder of a threshing machine. Repairing to the place designated by the messenger, who came as a *second* runner "after the doctor," I found J. W., a man about thirty years of age, of fine physical conformation, and evidently of good general health, lying on the floor of a room into which he had been carried, in great pain, pale from the loss of blood, greatly exhausted, and laboring under severe shock. On examination of the patient, I found the right hand torn entirely away from the wrist, and missing; the bones of the carpus were fractured in various ways, and that portion of the radius from the wrist-joint up to within two inches of the head of the bone, also missing. There was a compound dislocation of the bones of the forearm, upwards and backwards, and fracture of the outer condyle of the humerus. The soft parts, including both the vessels and the nerves, were torn into mere dangling shreds from the wrist upward to a point more than two inches above the elbow. There was only slight hemorrhage at the time of my arrival, but as a precautionary measure, ligatures were placed on the radial and ulnar arteries, at once.

The history of the accident, as I obtained it from those individuals who witnessed it, was as follows: Mr. W. was passing around and to one side of the thresh-box of the machine, which was in rapid motion when he observed a portion of a bundle of grain which was being threshed out, lying on the platform of the thresher, having been thrown out. Having picked this up with his right hand, he reached over some distance for the purpose of returning it to the thresh-box, when his hand was caught by the rapidly revolving cylinder, and torn and crushed in the manner described.

At the expiration of half an hour the patient continued to suffer great pain, and as the symptoms of shock were still prominent, a second half grain of morphia with an ounce of brandy was given, and as there were no evidences of further hemorrhage, the limb was wrapped in a cloth wrung out of a solution of acetate of lead, and a roller applied over this, and time given for reaction to take place; the propriety of amputation having been determined on at once.

At about half-past one o'clock, P. M., I returned to the room of my patient, accompanied by my friends, Drs. Burnett, sr., and Jno. M. Pierce, who had kindly consented to assist me with the operation, and found him resting comfortably in every way, with reaction fairly established, but anxious, since it must be done, to have the limb removed. Every necessary preparation having been made, the patient was placed upon the table at once, and brought fully under the influence of chloroform, when I proceeded to perform amputation at the lower portion of the middle third of the humerus, by means of the antero-posterior flap method; Dr. Burnett administering chloroform and Dr. Pierce controlling the hæmorrhage and assisting in the ligation of arteries. The amputation was done very rapidly, and the vessels were secured with the loss of no blood worth mentioning. The surfaces of the flaps were then smeared with a mixture of carbolic acid and glycerine, one part of the former to seven parts of the latter, and the flaps were brought together by means of alternate sutures of silk thread and silver wire; a few narrow strips of adhesive plaster being applied to give additional support to the parts. A compress soaked in the mixture of carbolic acid and glycerine was placed over the end of the stump, and a light roller applied from the shoulder downward to the end of the limb. The arm was placed at rest in an easy position, and the bandage kept wet with cold water.

On visiting Mr. W. on the afternoon of the following day, I found him doing exceedingly well: he had slept well during the night with no pain whatever, and with the exception of a slight difficulty in getting his urine to *start* to flow, he complained of not a single untoward symptom, the stump evincing no signs of inflammation whatever, and the dressings being hardly soiled at a single spot. These latter were allowed to remain undisturbed. An aperient was ordered, and fifteen grains of the chloral hydrate were left for the night. This condition of things continued until the evening of the fifth day—the patient taking no medicine whatever except the chloral hydrate, which always secured to him a pleasant night

of sleep without the slightest disturbance in any way—at which time it was deemed advisable to change the dressings, more for the purpose of seeing the exact conditions existing in the stump than because of the existence of any necessity for such change.

On removing the compress which had been applied to the end of the stump, your readers can well imagine the surprise with which I was struck on looking at the beautiful appearance which the parts presented. There was no redness, heat, or swelling, nor any signs whatever of inflammation; and the flaps were beautifully united by the first intention in more than two-thirds of the extent of the wound, while the remaining portion around the point where the ligatures were brought out, was discharging a small quantity of healthy pus and gradually closing up. The sutures were every one intact, and looked as if they had just been introduced. This, too, from the 11th to the 16th of August—a period including three of the most intensely warm days of the present Summer! The compress was again soaked in the solution of carbolic acid and glycerine, and the parts were dressed in the same manner as before. An aperient was again required, and the chloral hydrate given at night.

On the morning of the day following the change of the dressings, the patient was seized with a severe diarrhœa of a dysenteric character, which continued for twenty-four hours with violence, leaving the man weak and prostrate; but which yielded promptly to large doses of gallic acid in combination with opium. Four days subsequent to this, imprudence in eating, gave rise to an equally severe attack of cholera morbus, which was very trying on the adhesions which had formed in the stump, owing to the violent strain on the whole of the muscular organization, produced by the severe and constant vomiting. The limb was dressed, however, immediately after the subsidence of the disease, and, with the exception of the giving way of two of the silk sutures, there was no injury whatever done to the parts. The flaps were still beautifully united throughout the greater portion of their extent, and the portion of the wound which was undergoing the granulating process was gradually contracting so as to leave but a small part to heal. The ligatures on the arteries were gradually becoming loose; and I presume they are by this time entirely detached. I feel confident that, with the separation of these, the granulating surface will very soon close up completely and leave a handsome stump.

The history of the progress of this case is certainly remarkable, when we consider the extreme heat of the season through which it has passed—the warmest by some degrees that we have experienced throughout the summer—and the success of the after treatment with the carbolic acid is surely sufficient to warrant a still further trial of the remedy. The experience of Dr. LENTE, as recorded in his article on "A New Method of Securing Divided Vessels, and the Use of Carbolic Acid in Surgical Operations for Facilitating Union by First Intention," (see *American Journal of Medical Sciences* for April, 1869,) was not so favorable to the use of the acid in its application to stumps, as to wounds caused by the removal of morbid growths, or by the occurrence of some accident. We cannot perceive why this should be the case; but as Dr. L. very properly observes, the cases which were subjected to test by him were almost altogether "very unfavorable for a successful trial" of the remedy, while the case which I have reported was in every way exceedingly favorable. I cannot close this article without adverting to two facts which I have observed in the use of the carbolic acid as an application to wounds, viz: The almost entire absence of flies from the parts, and the greater length of time required for the separation of ligatures from the vessels.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

May 7th, 1870.

Clinical Service of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

GENTLEMEN: In these clinics you most not look solely for venereal material. I have abundant surgical cases from which to select, and which I must incorporate in my clinics. It is particularly desirable that you shall see disease at its inception and follow its various stages, but there are times and cases when I shall have to commence in the middle of a disorder or else let the patient slip from both of us.

The first case which I bring to your notice to-day is a woman laboring under

Tertiary Syphilis.

She has a deep ulceration at the outer canthus of the right eye, which previously was of more magnitude than to-day. It now presents the appearance of a healthy ulcer which before was not the case. As I open the patient's mouth you see the hard and soft palate perforated, and the woman has to wear a plug. I call this a case of tertiary syphilis, because of the structures involved, viz: muscle, periosteum, and bone. In an affection like this, the surroundings, temperament, habit, treatment, etc., of the patient, all have to do with the severity of the disease. The cartilages of the lids here are intact as you can see when the woman winks her eye. This is because of the low vascular endowment of the cartilage, whereby it resists ulceration longer. This is fortunate, because the contour of the eye is preserved, and when the ulcer heals no disfigurement will result.

Treatment :—This sore was touched with the dilute acid nitrate of mercury, in the proportion of 1 to 8 or 10, every three, four, or five days, according to its action. The ulcer was first wiped with a piece of dry charpie or lint to rid it of the gray, tenacious lymph which stood in the way of medication, and consequently of granulation and healthy, reparative action. As a topical application, between the time of using the acid, the following ointment:

℞.	Ung. hydrarg. nit.,	ʒss.	
	Pulv. rhei.	grs.xx.	
	Pulv. opii.	ʒss.	
	Cerat. simp.	ʒvi.	M.

The dilute acid, nitrate of mercury, was also applied to the ulcer on the soft palate. Always forbear the use of a plug until the inflammation is subdued, otherwise the plug will act as an irritant. The openings in these cases can be filled with either silver, gold, gutta-percha, or cork.

Internally we are giving this patient:

℞.	Tinc. ferri. chlor.,	ʒv.	
	Liq. potass. arsen.,	ʒiij.	
	Hydrag. chlor. corros..	gr.iss.	M.

S.—Twenty-five drops three times daily in water.

Her own statement is that she is much improved, and feels altogether better during her treatment of the last week.

Roseola Maculata.

On the lower portion of the woman's leg now before you, you observe, even at a distance, dark, coppery spots, cracked and fissured. On the upper portion of the leg you observe the same spots, but without fissure. Now this is an erythematous eruption, and a case of profound syphilis. It is confined to the epithelial structures and does not attack the rete mucosum or any portion of the true skin. It is one of the most common varieties of skin affections, generally precedes papular eruptions, and is designated Roseola Maculata, or spotted redness.

Treatment :—Act upon the epithelial structures by hot water, medicated lotions and steam, the latter either alone or medicated. My attention was called to this woman ten days ago, when I prescribed for her Hepar sulphuris, potassii sulphuretum, or what is commonly known as Liver of sulphur. This substance is freely soluble in water, and I directed two teaspoonsful to be added to a basin of water, and the woman to wash herself with it immediately after taking a steam bath. And here let me explain to you a handy and efficacious way of giving a steam or vapor bath at the homes of your patients. Let the patient sit upon an ordinary cane seated chair, under which is a tin basin of water heated by a spirit or other lamp. Cover the patient first with a woolen blanket, fitting closely around the neck and dropping to the floor, and over this a voluminous gum-blanket, also tightly fitting around the neck and reaching to the floor. This prevents the escape of the steam as the water boils and, consequently, it exerts full action upon the skin. The bath should continue for fifteen or twenty minutes, followed by a sponging with cold water, and then the application of the medicated lotion or ointment.

The general condition of this woman is good, but she will bear five drops of Fowler's solution, and the one-sixteenth of a grain of the tincture, or corrosive chloride of mercury, three times daily, given in Huxham's tincture. Before dismissing this case, I will remark that the woman was admitted to the hospital suffering with a phagedenic chancre.

Keloid.

(The following case was exhibited at a former clinic.)

The case now before you is the most wonderful of its kind I have ever beheld. This negro is from North Carolina, and is twenty-eight years of age. He is of immense muscular development, and, save his affection, looks to be the embodiment of health. This immense tumor which encircles his neck, like an Elizabethan collar, is an affection of the skin, first accurately described by Alibert in 1810, and called keloid, from its fancied resemblance to a crab. This growth is hard, semi-elastic, and looks very much like an enlarged cicatrice resulting from a burn. The inhabitants of hot countries seem particularly prone to this affection. I remember assisting Professor Gross to operate upon a creole from the Bermudas, when this growth occurred on the ear, following the boring of the lobe of the ear so that rings might be worn. I have at this time a patient under my charge upon whom I have twice operated for this affection, a colored man, but each time the tumor has recurred. Burns and scalds are common causes of keloid. You see many of these morbid growths are scattered over the body of this man. Keloid, though rarely, if ever, degenerating into malignancy, is troublesome on account of its unvarying recurrence. When excised, it nearly al-

ways returns, and its second growth is generally worse than the first. This man's father had a similar affection, which the patient states disappeared spontaneously. (?) In consequence of prolonged pressure, part of this growth around the neck, has taken an ulcerative action, and you see the pus dropping upon the man's shoulder. A section of

a keloid tumor, under the microscope, shows fibres intersecting each other in every possible direction, intercepting cells, or spaces occupied by plastic matter, of a softer nature. To the naked eye it presents a whitish, homogeneous aspect, or, if the man be very old, very much the appearance of an unripe pear or turnip. It creaks slightly under the knife, and is of a dense, firm consistence, with little elasticity. Hardly any vessels are perceptible in its interior, but the surface of the growth is very vascular, so that if I would cut this man the hemorrhage would be tremendous.

There is no remedy but the knife or ecraseur. The intense disfigurement to which the affection subjects this man, to say nothing of its inconvenience, would warrant any feasible procedure to free him from the growth. But the subject demands more careful thought than I have yet had time to give it. In conclusion I would mention that this growth is of eight years duration.

[The accompanying drawings I sketched from the patient.—R. M. T.]

Medical Societies.

MEDICAL SOCIETY OF LEWIS COUNTY WEST VIRGINIA.

Pursuant to previous adjournment, the Medical Society of Lewis county met at the Hospital for the Insane, on Saturday, August 27th.

In the absence of Dr. Edmiston, Secretary, the President appointed Dr. Kunst Secretary *pro tem.*

Essayists for the evening being called upon, Dr. Camden responded by reading a full and well prepared article upon the subject of "Mercury as an Antiphlogistic and Cholagogue." The paper called forth considerable discussion, which was participated in by most of the members present. On motion the article was ordered to be filed with the papers of the society; permitting the doctor, however, to retain it for a time, to have published if he sees proper.

Verbal reports being solicited, Dr. McWhorter related an interesting case, entitled "Hysterical Insanity."

Drs. Camden and Jodon each referred to cases of spinal irritation.

Drs. Edmiston and McWhorter were appointed essayists for the next regular meeting.

On motion, a vote of thanks was tendered to Dr. R. Hills for permission to meet in the hospital, and for the exhibition by the microscope, of many interesting scientific and anatomical views.

On motion, the society adjourned until the last Saturday in October.

W. J. Bland, *President.*

A. H. Kunst, *Secretary.*

—— The old proverb says, "Every man is a physician or a fool at forty." Sir Harry Halford, a distinguished physician, happening to quote this old saw to a circle of friends, among whom was Canning, the latter inquired, "Sir Harry, mayn't he be both?"

Editorial Department.

Periscope.

Therapeutics of Chronic Constipation.

Dr. J. K. Splender, in a sensible paper in the *Med. Times and Gazette* on the treatment of constipation when it exists *per se* as a primary disorder of function, recommends the following judicious plan, which comprises four factors:—(*a.*) Minute and frequent doses of watery extract of aloes, not exceeding 1 gr. —very rarely, of extract of colocynth. (*b.*) A dose of sulphate of iron, gr. iss. to gr. ii., *always combined* with the aperient. (*c.*) Regulation of the diet. (*d.*) Constitutional exercise. He does not believe that any other drug can supply the place of the sulphate of iron, though belladonna may be occasionally useful as an auxiliary. At first he gives a pill, composed as above, three times a day, immediately after the principal meals, and gradually reduces the number and frequency of the pills as the intestinal functions are restored. The action is slow, requiring two, or perhaps three days, but *nothing approaching to purgation* ought ever to be permitted. As a substitute in certain cases, Mist. ferri co., with dec. aloës co., in corresponding doses, may be adopted.

Cancer of the Larynx.

Mons. Desormeaux, in an essay on cancer of the larynx, quoted in the *Boston Medical and Surgical Journal*, arrives at the following conclusions:

"1st. Cancerous tumors of the larynx, being generally, if not always, composed of epithelial tissue, which offers greater chances of cure than true cancerous growth, one should never hesitate to operate for their removal when entire extirpation appears possible.

"2d. The symptoms manifested, the progress of the disease, and especially examination by means of the laryngoscope, will enable us to reach an almost positive diagnosis; and, supposing even that there be an error in determining the nature of the morbid growth, the moment the tumor threatens suffocation to the patient, there is an indication to resort to an operation provided it be impossible to destroy the growth from above.

"3d. This operation is laryngotomy. We should not hesitate to freely open the parts, in order to attack the tumor with advantage and to effectually destroy it.

"4th. The danger in laryngotomy is slight. The fear of changing the voice, even of inducing complete aphonia, should not deter when the disease in question necessarily terminates fatally.

"5th. When the affection originates in the larynx, removal may be attempted whenever it has not extruded above the upper orifice, a point to be determined by the laryngoscope, and so long as it has not broken through the cartilaginous case which for a long time resists its inroads. This last stage of the disease is recognized by the increased size of the larynx, and by an irregularity of form and an abnormal firmness.

"6th. When these symptoms make it clear that complete extirpation is out of the question, or when the adjacent glands are enlarged, tracheotomy is the only resort, in order to avoid suffocation and to prolong the life of the patient.

"7th. After laryngotomy and the destruction of the tumor, a tube should be kept in the trachea long enough to make sure that there is no recurrence. The opening thus maintained allows free exploration of the larynx from below upward, and the cauterization of doubtful points; and, moreover, if the necessity for laryngotomy recurs, it simplifies the operation."

Inversion of the Uterus.

The New York *Medical Gazette* has the following:

Dr. W. H. Byford relates, in the *Chicago Medical Examiner*, a case of inversion of the uterus reduced by means of elastic pressure. The patient was a woman, æt. 22, in whom a third labor was followed by relaxation of the womb and much hæmorrhage. Affairs progressed favorably enough, however, until one day, about five weeks after the delivery, "while sitting on the vessel, vomiting, she experienced slight tenesmus, and felt something pass out between the labia." After some weeks of treatment by sitz-baths and astringent injections, she was seen by Dr. Byford, who found the uterus "about the ordinary size of the unimpregnated organ, and inverted, all but the vaginal portion of the cervix. The density of the anterior walls and cervix seemed rather less than natural." The mode of treatment adopted is thus described by the author:

After lifting up the uterus as much as I could with two fingers, I placed an elastic bag under it, so as to make pressure upward and slightly forward in the direction of its axis, and filled with tepid water, until the patient complained of severe, inconvenient pain from distention. She was directed to remain in bed, and the instrument was left in

place until the next day. The water was then allowed to flow out, and the parts examined. I could discover no change in the condition of the uterus. The bag was again filled, and the distention made as great as the patient could well bear. Upon emptying it again, on the third day, relaxation of the cervix was quite evident, and I felt encouraged to expect success. On the fourth day, the relaxation was so decided, that the fundus could be almost passed up into the os with the fingers. On the fifth day, when the water was again allowed to flow off, the uterus was found to have returned to its natural position. The patient was directed to remain in bed still, and the instrument removed from the vagina. On the sixth day I passed my probe through the os uteri, two and a quarter inches, showing that the fundus was thoroughly restored to its shape and position. The patient remained in bed for two days more, and then gradually resumed her exercise until, on the 22d of June, she attended the wedding of one her friends.

Neuralgia of the Jaw-bones.

Prof. Gross, in *American Journal Medical Sciences, and American Practitioner*, says: "There is a form of neuralgia of the jaw-bones which, as far as my information extends, has not hitherto been described. Its seat is in the remnants of the alveolar process of edentulous persons, or in the alveolar structure, and in the overlying gum, and is met with chiefly, if not exclusively, in elderly subjects. It is more common in the upper than in the lower jaw. The part affected is usually very small, often not exceeding a few lines in extent. The soft tissues around do not seem to suffer, at least not in the same degree; on the contrary, the morbid action is generally limited to the osseous structure. In rare instances there may possibly be some involvement of the gum, which is nearly always exceedingly hard and dense, grating more or less under the knife, and adhering with extraordinary firmness to the atrophied alveolar process beneath. The pain is generally paroxysmal, coming on in fits and starts, very much as in ordinary neuralgia, the slightest causes being sufficient to provoke it, as talking, mastication, the contact of hot or cold fluids, deglutition, or mental excitement. Sometimes it is momentary, coming and going with the rapidity of lightning; occasionally it lasts for hours together; and cases occur, although they are rare, in which it continues, with but little mitigation, for an indefinite period. The pain varies in character; thus it may be sharp and darting, dull, heavy, aching, boring, or gnawing. Pressure generally relieves rather than aggravates it. Now and then, when it is uncommonly severe, there may be more or less spasm of the muscles of the face, but this is rare. The pathology of the affection seems to be compression of the minute nerves distributed through the wasted alveolar process, dependent upon the encroachment of osseous matter upon the walls of the canals in which they are naturally inclosed. The disease usually comes on gradually, and proceeds from bad to worse until, in many cases, the suffering is rendered nearly intolerable. The only effectual remedy is excision of the affected alveolar process. No particular attention need be bestowed upon the after-treatment. A mild course of chalybeate tonics may be required when the patient is anæmic, or affected with flatulence and indigestion."

On Galvano-Puncture of Nævus.

Dr. J. Duncan, (*Edinburgh Medical Journal,*) states that, having experienced the advantage of electrolysis in aneurism, especially of the cirsoid variety, he was encouraged to hope, from the resemblance between this and nævus, that it would prove equally successful in this affection also. He details six cases, of which the following is selected at random:

Case IV was a nævus of the upper lid, with the the skin completely involved. Two operations hardened the subcutaneous portion, which was thereafter largely absorbed. After two months, as it was again increasing, an operation was directed to the cure of the skin, which had not as yet been affected by the electrolysis. Its vitality was destroyed and a black slough separated almost without suppuration. A cicatrix remained, but did not interfere with the motions of the lid.

There can, he thinks, be no doubt that every nævus is curable by electrolysis, though many forms may be more quickly and conveniently cured by other means. To effect a cure, the electrolytic action must not, as in cirsoid aneurism, be limited to the occlusion of the main affluents, but must pervade the whole nævus, and act directly on almost every little vein. But electrolysis cauterizes the tissues as much as it coagulates the blood; and it is evident, accordingly, that when the skin is much affected, a slough will be produced. The slough is tough and dry, excites little irritation, is singularly slow to separate, and does so without a drop of hemorrhage, even though part of the nævus remains. It is therefore safe and effectual; but if a cicatrix must be left, there is reason for preferring the ligature as more safe and effectual. The galvanic apparatus is cumbrous, and in most cases the operation requires frequent repetition. On the other hand, he thinks this mode possesses many advantages in subcutaneous nævi beyond the reach of knife and ligature; and he gives an instance of one where the nævus so occupied the hand of a child (a year old) that the fingers protruded from the mass like the small roots from a turnip. In this a very successful re-

sult was obtained by galvano-puncture, a few hard nodules alone ultimately occupying the palm, and the motions of the hand remaining perfect. Again, those on the cheek and neck are well adapted for it. Granting patience on the part of the patient and surgeon, he thinks in such cases it is superior to injection, ligature, or excision. He uses Bunsen's battery, and has no fear of the development of gas, or its entrance into the circulation to any serious extent.

Pain after Operations.

The *Lancet* says, the narcotic effects of chloroform or ether destroy pain during operations, but many patients suffer severely after the narcotism has gone off. To prevent this, Prof. SÉDILLOT, of Strasburg, proposes to divide the tissues with the platinum wire brought to a white heat by the galvanic current. This division should be effected very slowly, so as to prevent hemorrhage. The author states that no pain is felt on awaking; that the wounds heal extremely well; and that hospital complications do not occur.

Reviews and Book Notices.

NOTES ON BOOKS.

WM. BALDWIN & Co., 434 Broome Street, New York, publish the *American Chemist*. It is issued monthly in quarto form. The third number—for September, 1870—contains forty pages of reading matter of special interest to chemists. There are many physicians who are particularly interested in chemical matters. To such we would commend this work. Such an enterprise is worthy of encouragement and support. The September number contains the commencement of a complete resumé of the proceedings of the 19th Meeting of the American Association for the Advancement of Science, held in Troy, N. Y., last month, with abstracts of all the papers—143 in all—read before that body.

The *Chemist* is edited by CHAS. CHANDLER, Ph. D., and W. H. CHANDLER. $5 per annum—$4 when taken with the REPORTER—single numbers, fifty cents.

BOOK NOTICES.

The Medical Herbarium.—A collection of dried samples of medicinal plants. By T. F. Allen, M. D. Part I. Folio: Henry W. Smith & Co., 107, 4th Avenue, New York, Publishers. Price, $2.00 per part.

The study of medical botany has been unduly neglected, partly owing to the disgrace into which the study of materia medica in general has fallen in our schools, partly to its intrinsic difficulty. The latter objection will be in a great measure removed by Dr. Allen's excellent herbarium, the first number of which is before us. It is to be issued in parts, each part containing ten specimens. Each specimen is securely mounted on thick, white paper, 11½x16 inches. The appropriate name and synonyms of each plant are given, the region and kind of soil in which the plant may be found are stated, the time of flowering and the part used in medicine.

The specimens before us are very carefully chosen and beautifully mounted, and we hope the author will receive abundant encouragement in his useful undertaking.

A Treatise on the Theory and Practice of Obstetrics. By WM. H. BYFORD, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College; author of the Practice of Medicine and Surgery, applied to the Diseases and Accidents incident to Women, etc. pp. 457. New York: Wm. Wood & Co. 1870.

The first noticeable thing about this book is its small size, as compared with most other works on the same subject. This, it was the aim of the author, to accomplish. He says in his preface: "For many years the author has been convinced that a treatise much more concise than any of these [the ordinary text books on obstetrics] could be made to contain all the practical information necessary to guide the student and 'busy practitioner' in the acquirement and exercise of this important branch of our art." He has avoided extensive discussions of disputed points of doctrine, or copious and frequent quotations of authors as incompatible with conciseness and comprehensiveness. In order to avoid a repetition of authorities in the text, a list of those used in the work is given in the preface, which shows the extent to which our author has carried his researches. The work embraces the topics usually treated of in books on midwifery, including the accidents attendant on difficult labors, but avoiding all diseases and injuries peculiar to women, excepting those incident to the puerperal state.

On a somewhat cursory examination of the work we think that the author has succeeded very well in accomplishing his object. The science and art of obstetrics is clearly and concisely presented, while all seems to be said that is necessary for the ordinary routine of obstetric practice. Of course, the intelligent practitioner will never rely upon one authority, but will have his library supplied with various works on every branch of medicine. Dr. BYFORD'S work is well worthy of a place in the practical physician's library, and, if we mistake not, will be consulted more frequently than any similar work in his possession. The text is illustrated by 154 wood cuts, some of which, we are sorry to say, are rather coarse in their execution. This work, with the same author's "Medicine and Surgery of Woman," leave little to be desired on the subject on which they treat.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 24, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly).....	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE.....	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week.....	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade*:

REPORTER AND COMPENDIUM, 1 year.....	$7 00
" AND POCKET RECORD,"	6 00
" COMPENDIUM, & POCKET RECORD.....	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

MISTAKEN LIBERALITY.

Through the kindness of medical friends we have received two copies of the *Albany Argus* containing the following piece of information, headed "Liberality of the Albany Medical School":

"The Hon. Ira Harris delivered the opening address at the college yesterday morning. The address was able and interesting, and we were pleased to see many homœopathic physicians in attendance. Mr. Harris is a firm believer in and patron of homœopathy, and fills a chair in the college. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine are being removed, and to see our college taking the initiatory step towards such a desirable achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the college are firm believers in homœopathy."

We should like to inquire whether it is "pleasant" to the Professors of that Institution to know that the Trustees have these leanings. And it is not stepping outside the proper limits of our business to demand from the Professors that they explain to the medical public whether or not this "fraternization," as it is tenderly called, is to go on or not.

Let our position as scientific practitioners be distinctly understood. We do not consider any man or any physician disreputable for being an *honest* homœopathist any more than we should consider him disreputable for maintaining any other scientific fallacy, so long as he does it in good faith. But any "fraternization" between regular physicians and homœopathists is as impossible as an agreement in reference to astronomical facts between one who holds and one who denies the Copernican theory. We do not say which one is right, or which is wrong; we simply say that it is utterly impossible for both to be right, and therefore it is absurd to talk of "removing the barriers." Any man and any school which professes to teach or to practice on both "theories" is aiming to impose upon and to defraud the public.

If the Albany Medical College expects to retain a particle of respect from any intelligent man, it must haste to renounce utterly the fraternization and the liberality which the *Argus* attributes to it.

THE DUTY OF THE PHYSICIAN.

The duty of the physician is to his race; it is not limited by the confines of nations, the location of languages, the limits of sex, the

difference of color, the predispositions of societies, the prejudices of politics. Equally with the professed servant of Christ, and the typical Samaritan of the parable, he helps those whom all others despise.

Thus it is that in mighty wars, as that we see waging on the European continent, we witness surgeons attending alike to the wants of the wounded of both armies, extending alike to all the succor for which they stand in need. They do not ask whether it is friend or foe, French or Prussian, but at once see in the wounded man a subject for their utmost attention.

In this respect we may regard the Congress at Geneva, held in 1867, as one of the mile stones in the moral progress of the race. It marked an epoch when the wounded in battle were no longer regarded as enemies, even though but a moment before they had been arrayed in arms against us, but are looked upon solely as suffering members of our common brotherhood.

Truly, in achieving such a conquest as this over the most violent prejudices and the worst passions of humanity, the art of medicine can claim for itself a victory which the first modern General who instituted a medical staff in his army—the far-sighted and humane Gustavus Adolphus—little foresaw.

Active, practical benevolence, that exercise of virtue which most prominently characterizes the purest religion, finds its exemplars conspicuously in the members of our own profession. And looking abroad at our neighbors, and rightly estimating what it is they seak after with such restless energy, and often at such terrible costs, we may well have reason to congratulate ourselves that, though our life is monotonous, tedious, and laborious, we are doing in our humble way a labor that ranks with the highest.

Notes and Comments.

Freaks of Lightning.

Additional facts are published regarding the destructive lightning stroke at Kingston, N. Y. The first bolt that killed any one came at eight o'clock. Five persons were immediately slain and in the course of the following day five more died from the injuries they received at the time. Forty persons took shelter from the storm under a small willow tree. This tree was next struck, but at about four feet from the ground the lightning left it and killed three of the party, and stunned all. It at once leaped to a spot about fifty feet to the south, and killed two persons of another party. One of the most curious things about the whole affair was that only colored people were fatally injured. A white man who was in the crowd of forty was knocked twenty feet from where he was standing, and his umbrella was torn to strips, but he sustained no further injury. A boy standing near him had an India rubber ring on his finger with a small iron-shield riveted to it. The shield and rivet were melted and his shoes torn off, and yet he escaped with his life. The statement that the large circus tent was struck was a mistake, though all who were inside were more or less affected by the lightning, while wild beasts were terribly excited, and made most hideous yells and cries.

Correspondence.

DOMESTIC.

"Those Worms."

EDS. MED. AND SURG. REPORTER:

I am no self-appointed censor in general, and if I were, should probably confine my criticisms to noteworthy subjects. But temptation steals upon us unawares. Whether or not we agree with the cynical philosopher that mankind are "mostly fools," depends: but we must admit that mankind are sometimes very amusing.

Tape-worms there are, and pin-worms, and earth-worms, and other worms; there is a worm at one end of a ramrod; there is a worm, it is said, in the bud, and a worm that dieth not, and a worm in a dog's tongue. Hear what a distinguished authority says on the subject of worms:

"In most carnivora, the septum (linguæ) is complete. * * The lower margin of the septum is thickened, and in many species includes the long cylindrical fibrous body, representing the glossohyal, called 'lytta,' and in dogs, where it attains its largest size, 'the worm.'"—OWEN, *Comp. Anat. and Phys. Vert. iii.* 197

The same author adds, that "it may help, by its elasticity, and that of its sheath, in the act of lapping," but the relation, if any, between this anatomical structure and hydrophobia awaits demonstration.

I agree with you that "it is very evident that there is need of more information on the subject," and regret that I can give none on worms in dogs tails; but I have not yet investigated that kind of antero-posterior symmetry.

"Hoping that other medical men will plunge deeper into this matter," I remain truly yours,

ELLIOTT COUES.

Fort Macon, N. C., Sept. 12, 1870.

[We publish above one of several communications we have received about Dr. Lynch's letter. The belief that hydrophobia is essentially a disease of parasitic origin is by no means new, and though Dr. L.'s article was somewhat startling, we thought it worth while to give such seemingly direct evidence, even if it were but to illustrate the extension of a popular medical error. We were the more willing to do this as it is our opinion that the surgeons who would catch, hold, and operate on a mad dog are likely to be extremely scarce.—EDS.]

Spasm of the Stomach.

EDS. MED. AND SURG. REPORTER:

In your issue of May 14, 1870, I reported a case of the above named disease, and requested some of your readers to give me clearer views of it and its treatment. In the June 18th No. Dr. Edward Vanderpoel, of New York city, very kindly replied to my request, and stated that he considered my case one of neuralgia of the stomach, instead of spasm; he further gave the histories of some cases, and gave as his remedy the Liq. Pot. Arsenitis, in gtt. v—x ter die. In regard to my case, i. e., the case of Mrs. I., as reported in your May No., I desire to state that she is now in the enjoyment of excellent health. She has had but one attack since the date of my report. I gave her twenty more of the pills she had been using before. She has never required anything since; her bowels have continued in good condition, and digestion is excellent. She has regained her lost flesh, and says that she feels as well as she ever did in any period of her life.

I desire to give to strychnia and ferrum especially the credit of curing this case, although I believe its combination with the podophyllin, cinchona, and aloes made it more effective than if it had been prescribed alone.

The daughter of Mrs. I., a young lady of 17 years of age, has experienced several attacks similar to her mother's. I shall put her on the Liq. Pot. arsenitis, as suggested by Dr. Vanderpoel.

J. T. DAVIS.

Laconia, Ind., Sept. 7, 1870.

NEWS AND MISCELLANY.

Surgeons for the Prussian Army.

Forty-two surgeons have sailed from the port of New York for Europe to join the German army. Their fares, with two exceptions, were defrayed by the German Patriotic Aid Society of New York. Their names are: Aug. Henry Achenbach, Chas. Bennerscheidt, Francis Cambossy (formerly at the Charity Hospital; at his own expense), Philip Feldbausch (had gone from New York to Europe and joined the Prussian army as surgeon in the Prussian-Austrian war in 1866), Edward Grether, F. R. Knoche, F. C. Rau, Henry Woodville, of New York; Richard S. Dewey, James Ellet Graham, of Brooklyn; Gustavus Stamm, Westchester county; Horace Tracy, Albany, at his own expense; Matthias Cook, Utica; Chas. Proegher, Albion; Edw. Woodbury Avery, Clinton, Oneida co.; W. B. Trull, Boston, Mass.; Leopold Spier, Charles Oswald Stockmann, New Haven; F. Halves, Trenton; Randolph S. Hittel, Philadelphia; S. C. Ermentrout, J. M. Hoffman, Reading, Pa.; Manno W. Van Kunkel. Allentown, Pa.; H. F. C. Krumme, Ridgeway, Pa.; Carroll V. Frush, J. J. Reuss, A. Trego Shertzer, Baltimore; Otto Frankenberg, Columbus, Ohio: Otto Krakow, Julius Hilgard Tyndale, St. Louis; George W. Goodner, Chicago; Erwin Hense, Milwaukee; B. F. Kierulff, Marshalltown, Iowa; Paul Bohrdt, Hamilton, Canada; Aug. Wilheim Deiderichs of the German steamer Weser, Frederich Mueller of the German steamer Hanover, Ludwig Severin of the German steamer Frankfort, Friedrich H. Vogel of the German steamer Leipzig, now in port at Baltimore, Md.

QUERIES AND REPLIES.

Dr. E. A., of Indiana.—The best splints in the market will cost you $25 a set, containing 44 pieces; suitable for all sorts of fractures. We will send them to you C. O. D. at your order.

Dr. O. P. L., of La.—Your request is attended to. *Gray's Anatomy*, latest edition, is $8. The transactions of the American Medical Association are not yet out.

MARRIED.

CLARK—RUTTER. At the Chesnut Level Manse, Pa., Sept. 8, 1870, by Rev. L. C. Rutter, R. J. Clark, M. D., of Noblestown, Allegheny co., Pa., and Ettie S. Wood, daughter of Rev. Finley C. Rutter, of the former place.

FLANNER—MORRISON. At the residence of the bride's uncle, Sept. 7th, by Rev. Wm. H. Munroe, Rector of Emmanuel P. E. Church of this city, Dr. Henry G. Flanner and Miss Emma D. Morrison, of Wilmington, N. C.

SALTAR—COLEMAN. At Grace Church, Pemberton, N. J., Sept. 15th, by Rev. M. F. Hyde, D. D., John Saltar, C. E., of Saratoga Springs, N. Y., to Sallie Pearson, elder daughter of the late I. P. Coleman, M. D., of Pemberton, N. J.

DIED.

DAVIS.—Dr. S. B. Davis, a well-known citizen of Memphis, Tenn., was drowned in Bluff Creek, Miss., recently, while attempting to swim across.

KING.—At Chelwood, Bucks co., Pa., Sept. 15th, Hannah Wharton, wife of Dr. Charles R. King.

SMITH.—In this city, Sept. 7th, after a lingering illness, Dr. Thomas W. Smith, formerly of Montgomery co., Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 710.] PHILADELPHIA, OCTOBER 1, 1870. [Vol. XXIII.—No 14.

Original Department.

Communications.

DROPSY OF THE AMNION.

By O. A. Battson, M. D.,

Claremont, Ill.

(*Continued from page* 244.)

So far have the arguments advanced in this paper, as to the etiology and pathology of this disease, been suggested by the anatomical developments afforded by the autopsy of the membrane itself, together with that of the placenta and cord. But the changes thus observed in these structures can only demonstrate an intra-uterine origin for the disease. I propose to show as briefly as possible, that dropsy of the amnion may also have an ovarian origin.

It is conceded, I believe, by all obstetrical writers, anatomists, and ovo-pathologists, that a considerable turgessence occurs during the venereal congress necessary to effect fecundation, by which the ovaries and ovarian vesicles become temporarily congested. It appears to me now that if any accidental or prolonged cause intervene to delay beyond proper limits the resolution of this orgasm, it must in some way compromise the well-being or retard the normal development of the ovule before it escapes from the ovary, or, at least, before it has completed the Fallopian transit.

The structure of the ovarian vesicle, as it lies imbedded in the ovary, is sufficient to invest with feasibility the proposition just advanced, namely, an ovarian or tubal arrest of the normal development of the ovule. I shall introduce, for the further elimination of this theory, the testimony of Cazeaux, in his description of the ovarian vesicle. From page 84 I extract: "These vesicles are composed of two portions: 1st. Of a containing part, the envelope; 2d. Of a contained one, the nucleus. The former consists 1st. Of some foreign parts, those not proper to the vesicle itself, but appertaining to the ovary, and which are subtended and transformed by it into teguments; 2d. Of a proper capsule for the vesicle."

"*A.* The *tegument* (*indusium*, Baër) only invests the prominent part of the vescicle, being formed of a *peritoneal* lamina, and of a thin layer of the stroma or proper ovarian tissue.

"*B.* The *capsule* (*theca*, Baër) is composed of two laminæ, the external and internal. The The former is thin but tenacious, very retractile, semi-transparent, and formed, like all thin membranes, of a dense cellular tissue; some vessels ramify in its substance, and their extremities go to the internal layer. This latter is softer, thicker, more opaque, and slightly or not at all retractile. Its internal surface is lubricated, exhibiting granulation, and some extremely delicate villosities, whilst the outer surface is intimately united to the external layer; the little vessels that penetrate it immediately subdivide into very delicate ramuscules, assuming a pencilious arrangement, so as almost to constitute a third layer, which is essentially vascular."

"*C.* The *nucleus*. The parts entering into the composition of the nucleus are, 1st. A granular membrane, which incloses the humor of the Graafian vesicle; and 2d. A liquid produced by the aggregation of three humors of a different aspect, viz.: a limpid mucosity, clear, though a little oily; a number of small rounded granulations, transparent in their central cavity, and slightly opaque at their periphery, and some oil globules; 3d, and lastly, an ovule floating in the midst of this liquid."

There could be no more beautiful or graphic description portrayed by an author's pen than is here given of the little ovule and its little sac, that soon is to spread out in the grandest

proportions of human life; and it is only a matter of astonishment that medical men and physiologists have not deducted from such descriptions as this more definite conclusions as to the manner in which this little ovule becomes a living, sentient being. It is also a matter of wonder to me that ovologists have not better comprehended or more clearly and correctly shown the vital capabilities of this amorphous, homogeneous, and albuminous nucleus, inclosed, as it is, in albuminous matter, and enveloped in a final albuminous cyst, to assume instinctively, as it were, and independently, too, of all extraneous influences, a primary cellular arrangement, from which all created animal life must spring, and without which it is impossible for animal life to become developed. No anatomist has ever yet shown the precise period in which this cellular arrangement is assumed. It is discovered immediately, or rather its inception is discovered, upon its arrival in the uterus. For my part I cannot discover why it may not begin this primary step during the twelve or fourteen days occupied in its tubal transit. I most firmly believe it does. Who indeed shall say that the orgasm induced during the sexual intercourse may not prove a stimulus, vital as well as merely vascular, to the proper disposition of this primary cellular arrangement, even as it lies imbedded in the ovary, and before the nucleus has become fixed in the uterine cavity? It does seem to me that this orgasm of the ovarian vesicle, this nervo-vascular stimulus, is, in the economy of nature, inscrutable as it may seem, the necessary antecedent to this life-cell development, from which, by successive and progressive developments, the ovule assumes the embryonic life and form that constitute it, after its intra-uterine existence is terminated, a separate and independent being.

I cannot forbear quoting from the language of Duesbury in the "transformations" before extracted from as clearly developing this important part of embryology: "The process we have described and which has been alluded to by Hunter, Home, and Baër, Lænnec, Beclard, Lobstein, Carswell, and several others, is identical with the commencing organization of the embryo." In Druitt's Modern Surgery, page 63, edition 1852, by Sargent, will be found the following: "The first step toward development in the structureless jelly of the embryo, and also in the recently effused fibrin, is the formation of minute granules or molecules, called nuclei or cytoblasts (cell germs), the fibrine or other structureless medium in which they are imbedded being called cytoblastema. The next step is the conversion of the granules into cells, which appear to be effected in several ways." Nucleated cells thus formed are divisible into five varieties: 1st. Those which float in a liquid, as the globules of the blood and pus: 2nd. Those which cohere and form a tissue, as the cuticle; 3d. Those which remain imbedded in a substance formed out of the cytoblastema, as the corpuscles of bone and cartilage; 4th. Those which become elongated into fibres; 5th. Those which are converted into tubes and cavities, as the blood vessels and nerve tubes." I really can discern no reason why the vital processes described in this quotation are not applicable to the ovule, as it lies imbedded in the ovisac, in the oviary of the mother; and I again repeat that there is, during coition or sexual excitement, a nervo-vascular orgasm of the oviary and appendages, extending through and within the ovarian stroma, and expanded upon the ovisac and its germinal inclosures, which nervo-vascular orgasm is a preparatory step to fecundation, and a necessary antecedent to the development of germinal or reproductive cells, which may occur either within or without the ovary.

The language of Cazeaux himself significantly points in this direction. Every primary condition and every elementary principle necessary as antecedents to this early elimination of cell structure may be drawn from his own anatomical description of the ovarian vesicle. The capsule, with its cells and vessels, its villosities and blood ramuscles, its internal layer essentially vascular, the granulations of the nucleus with central cavities, and finally the ovule itself inclosed within, and floating in this granular liquid, each and all conspire to demonstrate the fact from the very time this germinal orgasm is induced, begins this primary arrangement of life cells. This view is greatly strengthened by this enlightened author—that is, the theory of ovarian and tubal cell structures of the ovum—since he has found it necessary to speak of the further development of the ovum as it is effecting its slow but gradual transit through the oviduct, before it can enter its maternal inclosure.

The evolution of primary cells or germinal vesicles, as we may call them, is the first step

toward the development of organic life. This evolution is not produced in the same way, nor does it obey the same laws by which secondary organizations are developed from them. It is primary in its nature, and we can only approach its comprehension by assuming that the amorphous element itself is instinctively endowed with a capability of separating and arranging itself into these primitive cells. All other developments require the stimulus or agency of a vital fluid generally of the blood. But this does not. It is effected without any vascular help, either from itself or from adjacent structures. It assumes to itself the power of affording the vital secretions. As it exists compressed into epithelial tissue, with no vascular endowment, it lubricates with an appropriate secretion the inner surface of the pleura and peritoneum and synovial membranes. The brain itself is thus insured protection from harm by the delicate tenuity of the arachnoid secretion. Who knows but what this delicate and intangible operation of cell-life may in some mysterious way be connected with the evolution of thought?

Thus do I conceive that I have at least made an approach to a correct solution of the etiology and pathology of this important disease. It has always been an enigma of very difficult solution, difficult, no doubt, from the infrequent opportunities afforded of a proper investigation as to its cause, its pathology, or its tendencies. And when opportunities have presented they have seldom been improved to any extent as determining the nature of this mysterious disease. I am surprised at Dr. Cory's otherwise very interesting report, exhibiting no attempt toward a solution of the problem. He refers to no appearances of the amnion, the most important point of such a case. Had he been more particular he perhaps could have answered one or more of his own queries. The same thing may be said of Dr. Liebman's report in a later number of THE REPORTER. I hope that Philadelphia, the eye of the medical world, may bear away the palm in the further investigation of the disease, by giving us the first chemical analysis of an excessive quantity of liquor amnii; and add yet another witness to the fact that the amnion itself has been seen in a highly injected state; for I am now satisfied that such is the pathology of the disease.

I am decidedly of Cazeaux's opinion, that when the liquor amnii exceeds a certain quantity, it is "due to some morbid condition." I think from the considerable experience I have had in obstetrical medicine, that when the liquor amnii is in excess, it will always be found that the child is born more or less feeble, perhaps asphyxiated, from which sometimes it is with difficulty resuscitated; and that when the quantity of water in the cyst is inordinately in excess, the child is invariably still-born, or in some way deformed. I remember very distinctly, now, since my attention has been drawn to this subject, that about three years ago I was requested to attend Mrs. S——, in labor with her second child. She lived about three miles from my town. I noticed her abdomen looked larger than common. After a tedious while the membranes ruptured, and she was delivered of a dead fœtus, which presented the first and only case of spina bifida that I ever met during the accouchement. The tumor occurred near the middle of the dorsal vertebræ. The woman made a good recovery; and has since passed through again, but I did not this time attend her. So far as I have been able to learn, there was no return of the disease. I have also seen, more than once, congenital hydrocephalus in connection with too much water of the amnion. Only last winter I was called to the next village, to treat a child about six months old with this disease. I was not present at the accouchement, but the bad health of the lady afforded me an opportunity, which I greatly desired, of being inquisitive. I asked her how she got along, and received the answer I expected, that she was unusually large.

I am led to think that all living deformities, that is of children otherwise healthy, are directly due, if not to a dropsy of the amnion, at least to an excessive quantity of liquor amnii, that is, if such a thing can exist independent of disease. I sat at the breakfast table only this morning with a very bright boy, some twelve years old, Master T., whose mother was visiting my wife. He had no arms, but used a knife and fork with ease between his toes while at table, and could very nicely poise a glass of water to his lips, and help himself as easily as any one at the table. He also writes well. Here an opportunity was presented of eliciting some curious information in respect to this disease, even as I write about it. With appropriate delicacy, and by assuming to know the cause of her misfortune,

I was very politely answered, as I propounded some questions. Her expression, in answer to a question in that direction was, that she "was enormously large, and suffered a great deal." I then explained to this lady, in order to make my inquisitiveness more sufferable, the cause of her accident. She seemed to be greatly pleased with my conversation, for I am satisfied it relieved her mind of a weight of superstition which I did not fail to see was pressing upon her. Thus do I have reasons for believing that all arrests of fœtal development are due to this disease. I think it will be hereafter found that club-foot, webbed-foot, hare-lip, and every variety of malformation, monstrosity or arrest of development, will yet be traced to dropsy of the amnion.

The rationale or *modus operandi* of this arrest is easily enough arrived at. A perfectly unimpeded utero-placental circulation, a natural state of the placenta, the funis umbilicalis, the chorion, the amnion and liquor amnii are absolutely essential to the full and regular development of the fœtus. Any error here will inevitably retard the development of the embryo. The fœtus necessarily relies for its nutrition upon the utero-placental circulation, which has now become in common the source of supply partially to the mother, in so far as the maternal organs are concerned, and exclusively, perhaps, as appropriated to the nutrition of the fœtus. If then, any disease or "morbid condition" seize upon the ovum or organs of connexion that attach it to the uterine walls, the future development or well-being of the fœtus will be surely compromised; and if such disease be extensive, its viability is at once ended, no matter at what stage of the gestation; or if the disease arise before the period of viability arrives, then the ovum will be destroyed and inevitably expelled from the uterus. If the placenta become indurated, the cord in any way diseased, or the amnion inflamed, the resulting consequences are inevitably impressed upon the fœtus; be it hydrocephalus, spina-bifida, monstrosity or deformity, no matter at what stage of the gestation this morbid condition may arise.

There is no essential connection between diseases of the mother and those of the fœtus and its organs of maternal attachment. Each may exist independently of the other. The causes of dropsy of the amnion and other diseases of the organs of fœtal connection are no doubt, in most cases derived from and operate through the circulation of the mother after it has entered the utero-placental vessels, and been provided as the chief source of supply, by which the nutritive material is afforded for the future development of the fœtus. Some other extrinsic causes, as a fall or blow received, and perhaps mental emotions, may be the exciting cause of such diseases, or even deformities of the fœtus; but generally no appreciable cause can be assigned, and the disease originates in the organs of attachment, without the mother at first being made aware that anything unusual has happened; perhaps only expressing herself as feeling unwell. I know from actual observation that the mother may be entirely unaffected, while the most disastrous consequences are in some way entailed upon the fœtus. The mother, in the case that lately fell to my care, was not at all affected, but made an extraordinarily rapid convalescence. Dr. Cory says that his patient made a slow but very good recovery. Dr. Liebman states that the lady under his care made an excellent recovery. From these facts, and many others that might be extracted from several authors, it is indisputably established that although the fœtus may be deformed and dead, the mother is not necessarily affected, and is as apt, at such a time as this, to make as good a recovery as usual.

But before this disease can finally or appropriately be dismissed, it becomes necessary to refer to its diagnosis, both affirmative and differential, if we would ever arrive at its early detection, or aspire to any well grounded hope of being the instruments of smoothing down *this* pillow of human suffering; or of warding off that mental gloom, sure to envelop as with a dreary pall the life and hopes of perhaps some young and anxious mother, as this tale of sorrow is broken upon her listening yet hopeful ear. These intangible and insidious diseases have ever been the *opprobrium* of our noble art; and it behooves us to arrive at an early diagnosis, in hope that there may be drawn from it a curative as well as a preventive treatment.

All the essential features of the differential diagnosis were present in my case, and abundantly sufficient to establish the true pathology of the disease, namely, *inflammation* of the amnion, as the autopsy of the membranes afterwards incontrovertibly established. The patient herself was affected with no disease;

no dropsy of the peritoneum; and only presented the usual mechanical anasarca of the feet and ankles, and that only very slightly. There may be tenderness and pain over the whole abdomen, evidently affording just grounds to diagnose inflammation of some one or all of the different layers of the sub-abdominal enlargement or uterus. But in what part of this structure was the inflammation located? In its peritoneal, muscular, or internal mucous layer; or, last of all, in the membranes inclosing the fœtus? To begin the development of this point, I asked her how long she had felt this tenderness of the abdomen. She answered, ever since she knew she was pregnant. She distinctly stated she was always very tender; that she was obliged to dispense with skirts. Here then was a grand point arrived at. The disease had its inception during the first month of gestation; an opinion, as before remarked, which no author I have ever read has adopted in reference to dropsy of the amnion.

I have before said, and now repeat, that there was not probably more than two ounces of blood lost to my patient for the first eighteen hours. I stated, also, that when the cord was divided not a drop of blood escaped from its placental extremity. These two circumstances put together was, to my mind, incontestible proof that there was no unusual congestion of the uterus, but rather that there was a much less quantity than usual, and the uterus ænamic. Much less could there have been uterine inflammation, or how was it possible for that organ to have so quickly subsided to its proper size and position in the cavity of the pelvis? The disease was then neither congestion nor inflammation, otherwise the subsidence described could not have occurred so quickly. The only structure now left that could have afforded this tenderness over the whole abdomen, was the membrane inclosing the fœtus; for I have before stated that there was no abdominal swelling from a dropsical effusion. Had there been no other evidence that such was not the case, the differential diagnosis reveals the fact. "In ascites complicating pregnancy, the urine is small in quantity, whitish, and turbid, the thirst great and constant, and the lower extremities and genital parts mostly much infiltrated. It is difficult and sometimes impossible to distinguish the shape and fundus of the uterus, on account of the irregular form of the belly, and the enormous distension of the hypochondriac region. Percussion produces an undulation, or sort of fluctuation, which is much more perceptible at the upper than at the lower part of the abdomen."

"In dropsy of the amnion the size of the belly approaches much more nearly that of a uterus at term, although the pregnancy may not have existed more than five or six months. The uterus is so rounded as to be almost spherical. Fluctuation is more obscure; thirst slight or absent; urine natural, and in some cases little or no infiltration of the lower extremities."

In my patient, diagnostic features of dropsy of the amnion were remarkably and very prominently apparent. The smooth, rounded, tense and unfluctuating abdomen, the clean tongue, the absence of fever, the natural appetite, the normal urine, the absence of thirst, and slight, mechanical swelling of the feet and ankles were, each and all, prominently distinctive in favor of the disease being a dropsy of the amnion.

Thus it will be seen from all that has been advanced that this case of amniotic dropsy was a very remarkable and interesting one in all its bearings upon the patholgy of this much controverted disease; and that it evidently had its origin in inflammation of the amnion itself; and not only so, but very particularly from the tenderness on pressure over the uterus that it had its rise in the very first month of the pregnancy, contrary to the opinions of authors generally. But more than this: it has been irrefutably proven that the disease in question may be originated either in the ovary or in the oviduct, during the twelve or fourteen days occupied in the transit of the ovisac, before it enters the uterus. If this demonstration, then, as to the pathology and early inception of the disease be correct, as I sincerely believe it to be, may we not indulge the hope that it will yet be held amenable to some judicious medical treatment? I wish to insist very particularly on the great importance of its very earliest diagnostic sign, the pain and tenderness over the region of the uterus. I call attention to what patients describe as a heaviness or aching in the neighborhood of the womb, as a symptom not to be overlooked or lightly regarded. Perhaps slight rigors or fever may accompany this pain and tenderness. If these symptoms reveal some other disease, as metritis or placentitis,

they are none the less important as diagnostic revelations of the disease in question. In any case such symptoms should at once arrest the attention of the physician, and prompt him to the early treatment of the symptoms themselves. I have no doubt that the earliest indications of the disease are perhaps always overlooked or misunderstood as something that will of itself soon pass away.

In conclusion, I would respectfully urge upon the attention of the intelligent physician the careful study of this insidious and calamitous disease in the hope perhaps that its evils may be averted, or its inception arrested, by which we shall so much enhance the triumphs of our art.

HOSPITAL GLEANINGS.

By James B. Burnet, M. D.,

Newark, N. J.

Case of Delirium Tremens with Pneumonia—Death—Autopsy.

Joseph McMasters, æt., 38 years; a native of Ireland, and a laborer by occupation, was admitted to Bellevue Hospital on Dec. 7th. He is a large, stout man; for several years he has been a hard drinker. When admitted he said he had the "horrors," and that he had for the last few days been drinking about thirty glasses per day. When admitted he showed decided evidences of hard drinking; there was trembling of the hands, tongue, and indeed of the whole body. Skin hot and moist; pulse 100, and rather weak; appetite poor; could not sleep for several nights; bowels regular. Ordered

℞. Tinct. cannabis indicæ,
" hyoscyami, aa f℥ss.
" lupulinæ, f℥j. M.
S.—Teaspoonful every two hours.

Dec. 8th. Found the patient in much the same condition as last evening. Pulse 104; took milk, tea, and beef-tea. At 2 P. M., he was having a decided febrile action; pulse 120 and full. Was ordered tinct. digitalis. At 4 P. M. found the pulse 112. The febrile action being still decided, examined the chest, and found on the left lobe, posteriorly, the fine crepitus of pneumonia; a little dullness existed on that side, with bronchial breathing and broncophony; right side normal. Discontinued the digitalis, and ordered oiled-silk jacket, and to take of whisky ℥ss, every four hours, and of quinine one grain every two hours. At 9 P. M. the crepitus continued, and the respiration was fully bronchial; pulse 125; whisky every three hours, and quinine as before.

Dec. 9, 2 A. M. Patient in a semi-unconscious condition. Inspiration noisy and stridulous, and groaning at each expiration. Pulse 120; quinine and whisky every two hours.

8 A. M. Patient appeared much prostrated. Pulse 152. Patient muttering. Inspiration not as noisy. Ordered of whisky ℥ss, every half hour, and of quinine gr.j every hour. Urine drawn off with the catheter exhibited a small amount of albumen. No casts.

11:30 A. M. Appeared to be asleep. Frequent starting of the limbs, and frequent masticatory movements in sleep. Lips and teeth covered with sordes. Occasional coughing. Expectoration adhesive and bloody. Is easily aroused, but immediately lapses into sleep when undisturbed. Pulse, 120, and compressible. Respiration, 24. Respiration over lower lobe of left lung is bronchial, with crepitant rale at the end of each inspiration. Whisky and quinine as before.

Dec. 10th, 10 A. M. Pulse, 120; tongue, dry; some delirium; got up just now of his own accord and went to the water closet. Whisky and quinine have been continued during the night and this morning as yesterday. He appears to be a little better. Ordered by visiting physician that he should have of opium gr. ij., and of quinine gr. iij., every 4 hours, and of whisky ℥ss. every hour. Powder of opium and quinine administered at 10:15.

1.30 P. M. Patient evidently worse; great febrile action; pulse, 134, and very feeble. Ordered whisky to be increased to ℥ss. every half hour.

2 P. M. Pulse, 130.

4 P. M. Pulse, 116; respiration, 26, and stertorous.

9 P. M. Pulse, 140; skin hot and moist; inspiration stertorous. One of the powders administered. Respiration, 30. Whisky continued, ℥ss. every half hour.

11 P. M. Pulse, 126; very weak; respiration, 30; stertorous; skin hot and moist.

Dec. 11, 3, A. M. Patient evidently sinking. Respiration, 24, stertorous. Pulse, 144.

8. A. M. Quinine and opium and whisky kept up during the night. Patient continued

to sink, and died quietly at half-past six this morning.

Autopsy 32 hours after death.—Rigor mortis well marked. Body well nourished. Slight sallow tint of the skin. Very firm adhesions between pleural surfaces on both sides. Both lungs very much congested, and the lower lobe of the left lung in the second stage of pneumonia. Heart normal. Liver much enlarged and of a mottled yellow color; weight five pounds and seven ounces; evidently fatty. Kidneys enlarged, weighing seven ounces each, both fatty. Spleen congested and softened. Brain not examined.

DYSENTERY.

CASE I.—Dennis Fitzgerald, æt. 45; married; a native of Ireland and a laborer by occupation; was admitted to Bellevue Hospital on Oct. 2d. Constitution, good; habits, intemperate; no evidence of an hereditary predisposition to tuberculosis. Two weeks before admission he got his feet wet, took cold, and his bowels became irregular. He has now ten or twelve passages a day, small in quantity, tinged with blood, attended with tenesmus. Ordered

℞. Liq. ferri pernitrat., ℥ij.
Tr. opii camph., f℥ij. M.
S.—Teaspoonful four times a day, and injections of ice water with gr. ss. of aqueous extr. opii.

Oct. 7th. Stools lessened in frequency, and without blood. Continued treatment.

Oct. 12th. Stools rather liquid, appertaining more to diarrhœa. Ordered tannin gr. iij, and opium gr. j, three times a day.

Oct. 16th. Discharged; cured.

CASE II.—Henry Fielder; single; æt. 47; a native of Germany, and a butcher by occupation, was admitted to Bellevue Hospital on Oct. 16th.

Constitution, robust; habits, intemperate. Five weeks before admission, after exposure to cold, his bowels became irregular; had as many as twenty stools a day, consisting almost entirely of mucus and blood. With this, he says, there was an increase of appetite, which he did not fail to gratify, and at night fever and sweat came on. He received treatment from Dispensary prior to admission, and improved slightly.

Present Condition.—Has on an average ten passages a day, and is obliged to rise two or three times at night; stools small, and mucus streaked with blood, atttended by tenesmus, and at times slight cramps. Appetite, good; pulse, natural; tongue, coated.

Treatment.

℞. Liq. ferri pernitrat., ℥ij.
Tr. opii camph., f℥ij. M.
S.—A teaspoonful every three hours, with injections of the aqueous extract of opium.

Oct. 24th. Stools diminished in frequency; blood disappearing.

Oct. 31st. Evacuations more natural and greater in quantity. Discontinues the iron for two days, and ol. ricini f℥ss. with tr. opii gtt. xxx., substituted once a day, after which the first prescription resumed.

Nov. 7th. Dysentery does not seem to yield; patient is probably indiscreet in diet, and exposes himself; has four or five stools a days, with blood. Ordered the following pill three times a day:

℞. Argenti nitrat., gr. ¼.
Plumbi acetat.,
Pulv. opii., aa gr. ss. M.

Nov. 16th. The liq. ferri pernitrat resumed; stools more natural; has been vomiting, probably from overloading stomach; complains of slight catarrh.

Nov. 21st. Discharged; cured.

PUNCTURED WOUND OF THE FOOT WITH A NAIL—DEATH OF THE PATIENT.

BY J. T. DAVIS, M. D.,
Of Laconia, Indiana.

I was called, Sept. 2, 1870, to see Mrs. M., æt. 55 years; on arrival I was informed that on Monday previous she had stepped upon a large nail when barefooted; it had entered the foot between the first and second metatarsal bones. The wound was an inch and a half in depth, and on the withdrawal of the probe dark-green, thick pus followed in small quantities. On the dorsal side of the foot opposite the wound, a black, greenish-looking spot was discovered, about the size of an old copper cent. The whole foot was badly swollen and very painful; the pain and soreness pervaded the entire foot with exception of the spot referred to; this was void of feeling. This spot had not been noticed but a short time before my visit to her. I found the wound covered with the fresh leaves of stramonium; these had been applied by the direction of a neighboring physician, who had previous charge of the case, and who had pronounced the wound a very slight one.

Before the stramonium leaves were applied she suffered greatly with intense pain in her

foot. Soon after their application the pain of the foot began to leave her, and she commenced to complain very much of pain in the chest, with great difficulty of breathing. She was in this condition when I first saw her; in addition to this the pupils were dilated considerably; pulse rapid but weak, and an uneasiness in the stomach, with a disposition to vomit.

Treatment.—Ordered a warm poultice of flaxseed to wound; another poultice of hops to chest. Internally to take the pil. opii camph., U. S. P.; one every two hours, if required, to relieve pain; also quinine and whisky, with a liberal diet of soup, etc. Saw her again at night; found her worse, the distress in the chest increasing. Prognosis unfavorable. Continued treatment.

September 3d. Visited her again. Found her sinking fast; she hadbeen delirious for some time. She died in half an hour after my arrival.

There is a point in this case that I wish to inquire about, viz.: the cause of her death. Was it caused by reflex action of the nervous system, *i. e.*, by the pain being transferred from the foot to the chest? Or, did the stramonium have a poisonous effect on the wound, and this being carried to the stomach, etc., cause death? No symptoms of tetanus had ever appeared. Her hygienic surroundings were very poor, and she had received very indifferent attention.

I incline to the opinion that death was caused by the transference (or metastasis) of the pain in the foot to the organs of the chest. In concluding this report I desire to ask whether this is a common way for such cases to terminate. If I am wrong in my opinion in regard to the cause of this woman's death, I shall be pleased to be set right by some of your numerous readers.

A CASE OF TETANUS.

By H. L. W. Burritt, M. D.,

Of Bridgeport, Conn.

Mr. W. H., æt. 50; light complexion; tall; well formed, mason by occupation; accidentally shot himself while loading a gun. The outer edge of the left hand resting on the top of the barrel, the whole charge of small shot, entering at the lower third of the fifth metacarpal bone, passed directly through transversely and out between the thumb and first finger. The metacarpal bones were fractured and comminuted. The shock was not very severe, and he rallied well. The swelling was great, and constant pain, relieved by Dover powders, grs. x., every four hours; muriate ammonia, ʒss; morphia, grs. x.; diluted alcohol Oj. M.; for local application. Carbolic acid, grs. v., water ʒiij., was used once a day. After the third day, suppuration not being evident, warm poultices were applied frequently, and the wound being open, was syringed every day with warm water and acid carbolic, grs. vj.; water Oj.

7th day. No suppuration; discharges dark and free; pain less; but still the hand was very sensitive. Patient complained of some stiffness about the neck. Dov. pow., grs. x.; morphia, gr. ¼; tart. antimony, grs. ij.; M. one powder to be given every fourth hour.

8th day, 7 o'clock in the morning. Patient rested tolerably well; but now the spasm appears established in the jaws, and very slight opisthotonos, at intervals of half an hour. oil of turpentine applied over the whole body constantly, and morphia, gr. j., antimony, grs. ij.; every two hours. Pulse, which had not exceeded 70 before, beat at 120, but weak; free perspiration; great difficulty of swallowing; bowels not moved for 36 hours; nor was there nausea, notwithstanding a drachm of antimony had been taken in 48 hours. Mind perfectly clear when roused by the convulsions.

7 o'clock P. M. The spasms have increased, despite a perfect narcotism; chloroform was now used to alleviate the great agony; it would relax the whole system in less than a minute. Turpentine stupes and hypodermic injection of morphine continued; deglutition lost. The patient lay with contracted pupils in deep slumber, with the mouth open, snoring, profuse perspiration; countenance calm, but in about ten minutes would be instantly awake; the jaws close with a snap, and the body rests on the head and heels in a perfect curve; the face would be horrid in its sardonic grin, and the chest like iron under the hand; chloroform, and perfect relief would follow, and the deep stertorous sleep be resumed; pulse, 140 and weak. Watched closely; the chloroform controlled the spasms for the interval of about ten minutes, until 3½ o'clock A. M., when he was seized by a tremendous convulsion, instantly stopping all respiration and action of the heart, and the man was dead

without one gasp or perceptible motion. Stimulants and quinine were given from the first, as the patient had suffered from partial paralysis two years before. On the access of bad symptoms the wound was roused to active inflammation with antimony, but with no result. Early in the stiffness of the neck ⅛ gr. of strychnia was given, but the difficulty was so evidently and immediately aggravated that its repetition was not dared. *It did not diffuse as claimed, but concentrated the spasm more in the throat.* One peculiarity of the case was the instant stop of the heart beat, which continues, in most cases, for some minutes after respiration has ceased.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Wednesday, Sept. 14th, 1870.

Clinical Service of F. F. Maury, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(Reported by Ralph M. Townsend, M. D.)

White Swelling.

Gentlemen:—Those of you who were present at my clinic, some three months back, will remember an operation I performed upon this boy, and the remarks I made upon the pathology of his case. He labored under a sub-acute affection of the joint structures. Exquisite pain resulted, as is always the case, from the pressure of matter under the fibrous structures of the part; more pain than similar pressure under muscular, areolar tissues, etc. Before the operation, under the patella, and over the condyles, were excessively sensitive points. All this has now disappeared, and you see what pressure I can make, and yet the patient complain of no pain. At the time of my operation I cut the ham-string tendons to put the joint at rest. I striped, counter-striped and eschared the swelling with a hot iron. Then the limb was splinted and poulticed, and kept at rest. You see the result. The man's limb is straighter, free from pain, and his whole condition improved. Under chloroform we will have the leg moved once a week until it becomes perfectly straight. If you do not give chloroform, the reflex spasm of the muscles will work against you. In private practice a McIntyre's splint would here be applicable.

Melanosis.

This man is a German, æt. 46 years. I had him before you last May, when I described this affection as melanosis or black cancer. (Case reported, with drawing, in the June 4th No. of the Reporter, pp. 474, 475—R. M. T.) This form of disease frequently originates about the eye. It often is a secondary result of operating upon other forms of cancer, as colloid, scirrhous, encephaloid, etc. This mass protruding from the orbit is blackened by an aggregation of the coloring matter of the blood. It is very vascular and prolific of cells. Langenbeck, of Berlin, proceeds in cancer of the orbit, in a manner which I proposed to this man months ago; but he would not submit to an operation. Langenbeck raises a trap-door flap over the malar-bone, which latter he disarticulates. Then he works his way back to the spheno-maxillary fissure, cuts from the rear forward, through the antrum, and removes the orbital plate of the superior maxillary bone, and all surroundings that seem implicated by the disease. The operation is bloody, and the resulting wound ghastly. The disease has progressed too far in this case to think of an operation now, and sooner or later the man must inevitably die. An operation would not have saved him originally, but it would have given him a more agreeable respite, particularly in view of his surroundings. He has been in the hospital during all the excessive hot weather through which we have so recently passed, and notwithstanding our precautions, the maggots got into the growth, and his hair and beard became infested with lice. Strong carbolic acid removed the first of these, and shaving, cleansing, and trimming the hair, the latter.

In conclusion let me say, whenever you decide to operate in these cases, operate early.

Stone in the Bladder.

This patient was also before you last spring for the purpose of having urinary calculus crushed.

Sir Henry Thompson successfully crushed a stone in the bladder of the King of Belgium, and was knighted therefor. His monograph on the subject of stricture, crushing, etc., is well worth your perusal. Foreign substances in the bladder may be removed in two ways: 1st, by crushing them within the organ so that they may pass out with the urine through the natural channel; or 2d, by cutting directly into the bladder, and removing them whole. I do not cut this man, because he is old and weak; has a vesiculated bladder, and an enlarged middle lobe of his prostate gland. Sir Henry Thompson lays down the principle that you must cut before the age of fifteen years, and crush after that time. This statement I think a little too broad, and I saw the fallacy of it in a case of my own, in private practice, in the northern portion of the city. I crushed in the case of an old man who had an oxalate of lime calculus. Under the pressure of the instrument it split into two pieces, the pain from the sharp edges of which was much worse than from the stone in its entirety.

This man has also ammoniacal urine, and you

can see from the specimen in the tumbler that it contains mucus and pus. This man has a soft stone. Before operating have the patient retain from 4 to 6 oz of water, and if he cannot do it, tepid water must be gently injected into the bladder. Then we introduce our sound as a searcher, and having as far as possible located the stone, we introduce our lithotrite. It requires the most delicate manipulation while in the bladder. No striking of the handle to jar the stone within the blades of the instrument is allowable. After introducing it open the blades and then close them. Should the stone not be grasped, describe an arc of a circle laterally, and repeat the procedure. Finally drop the blades into the bas-fond of the bladder, and if the stone is not then grasped, withdraw the instrument, and defer further operations until a future day.

(After following these manipulations as directed, and only succeeding in grasping the surface of the stone, Dr. M. withdrew the instrument, proposing to repeat the operation at the following clinic.—T.)

Medical Societies

CINCINNATI ACADEMY OF MEDICINE.

September 12, 1870.

Report on Pharmacy.

BY J. S. UNZIKER, M. D.

(REPORTED BY J. W. HADLOCK, M. D.)

Pepsin.

It is due to the valuable experiments lately conducted by Mr. Emil Scheffer (Pharmaceutical Chemist of Louisville, Ky.), that we now possess a better knowledge of this remedy, as well as how it should be prepared. No wonder that many observant physicians have always contended there was no therapeutic value in the wine of pepsin. Their conclusions were right, for Mr. Scheffer has clearly proven that the alcohol contained in the wine destroyed the pepsin. (*Amer. Jour. Phar.*, 1870, p. 97.) Consequently no effects can be expected from a solution of pepsin in a solvent containing alcohol. Neither have I much faith in the dry pepsins, owing to its being mixed with half starch, which is apt to turn musty by the least attraction of moisture.

The gastric juice containing hydrochloric acid induced Mr. Scheffer to adopt the more rational plan of preparing his liquid pepsin by using that acid and glycerine. [Dr. Unziker here presented a specimen of the preparation to the Academy, as prepared by Dr. Scheffer.]

The glycerine in this case not only acts as a preservative, but undoubtedly also produces a soothing effect on the irritated mucous membrane of the stomach. The dose is from one to two teaspoonfuls after each meal, in cases of dyspepsia, indigestion, and vomiting of pregnant women. I am informed that the liquid pepsin so prepared has given entire satisfaction to many of the Louisville physicians who have prescribed it. It is my opinion that the profession have heretofore been greatly deceived by the so-called wine of pepsin, usually made from the *rennet* instead of the pepsin proper, and the little good they have seen may have been more owing to the slight stimulating effect of some "old sherry" than anything else.

Rennet is made from the fourth stomach of the calf, and it is very doubtful whether identical with pepsin or not; because it has been proven that the most powerful pepsin is found in the carnivora, and next to them in the omnivora. C. Schmidt has demonstrated that the gastric juice of the dog dissolves from five to six times more albumen than that of the sheep, and Claude Bernard's experiments have also given similar results. Mr. Scheffer is still engaged in further researches on this subject, and I hope may soon be able to tell us what relations, if any, rennet bears toward pepsin.

Incompatibility of Quinine and Veratrum Viride.

Dr. Bradly, of Marys, Ohio, reports that when a patient is under the influence of veratrum viride, it is highly dangerous to administer quinine. The effects are most alarming—immediate sinking and irregularity of the pulse, which in some instances reaches collapse. He ran great risk of losing three patients before he became aware of the actual cause.

Carbolic Acid Poisoning.

Dr. Wallace, of Liverpool, publishes an interesting paper on this subject in the *British Medical Journal*, in which he states that the most constant symptom is black urine. The urine does not become opaque; sometimes it is perfectly bright and rarely contains albumen. It has been proved that this occurs in an equally marked form, whether tar or some colorless preparation of it be the agent employed. It has been noticed over and over again from carbolic acid.

Glycerine.

I recommend to the profession the use of this article instead of syrups when prescribing medicines in a liquid form. My reasons are: that it possesses great solvent powers, and mixes well with most substances; that it acts as a great preservative to the medicine by preventing fermentation and decomposition; that in the practice of children especially, it counteracts fermentation in the stomach, acts as a nutritive, and thereby greatly diminishes irritation in the alimentary canal. It has no superior as a vehicle for giving acid substances, such as tincture of guaiac, turpentine, ammonia, chloroform, acids, etc. In prescribing glycerine for internal use, only the very best ought to be used, as an inferior, impure article would only produce adverse results.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chloral in Parturition.

The following are the conclusions arrived at by Mr. E. LAMBERT, after an extended use of chloral in parturition, published in the *Edinburgh Medical Journal:*

1. Chloral is an agent of great value in the relief of pain during parturition.

2. It may be administered under favorable circumstances during and at the close of the second stage, with the result of producing absolute unconsciousness in the same sense in which we understand unconsciousness under chloroform.

3. When thus given successfully, it has this advantage over chloroform, that it requires no interference with the patient.

4. It is desirable to retain chloroform in the position which it at present occupies in midwifery, and to reserve for the agency of chloral the first stage of labor. If, however, chloral or some agent having analogous properties is found successfully to relieve the pain of uterine contraction, the use of chloroform will be restricted to a later period of the duration of labor, or to the facilitation of manual or instrumental interference.

5. It is demonstrated that a labor can be conducted from its commencement to its termination without any consciousness on the part of the patient, under the sole influence of chloral.

6. The exhibition of chloral in nowise interferes with the exhibition of chloroform.

7. The proper mode of exhibiting chloral is in fractional doses of grs. xv. every quarter of an hour, until some effect is produced; and according to the nature of that effect the further administration is to be regulated. Some patients will require doses of ʒj.; and it is better to produce an anæsthetic effect by ʒiij. given in the space of two hours than by ʒj., given singly.

8. The effects of chloral are continued beyond the period of completed parturition, and the repose experienced by the patient after her labor is one of the favorable circumstances to be noted in considering its application to childbirth.

9. Any stimulating effects, in the form of general excitability, occasionally observed during the administration, have passed away very rapidly.

10. Chloral not only does not suspend, but rather promotes uterine contraction by suspending all reflex actions which tend to counteract the incitability of the centres of organic motion.

11. Labors under chloral will probably be found to be of shorter duration than when natural, for unconscious contractions appear to have more potent effects than those which are accompanied by sensation of pain.

12. Experiments are required in order to determine whether there exists the same antagonism between ergot and chloral as is known to exist between strychnia and chloral.

13. The general conditions under which chloral is to be administered are the same as those which regulate the administration of chloroform, and the rules laid down by Sir James Simpson in connexion with this subject must be rigidly adhered to.

Use of Mustard in Hiccough.

In the *Siglio Medico*, Dr. JAUARIZ reports a curious case of obstinate hiccough cured by the internal administration of an infusion of mustard. A Spanish physician was seized, while convalescing from a gastric fever, with obstinate hiccough, which gave him no rest. For sixty hours, the patient was treated with antispasmodics, narcotics, ipecacuanha, and revulsives, without effect. He then besought his wife to give him some linseed tea—she by mistake gave him an infusion of mustard. Of this the patient drank a cupful at once, and was surprised to find his hiccough cease, not to return. This physician profited by the lucky mistake of his wife, and subsequently treated with success many obstinate cases of hiccough. The dose which he employed was one teaspoonful to four ounces of boiling water. The author of the article in the *Siglio* had also successfully employed the infusion of mustard in three cases of obstinate hiccough which had already lasted many days. In the *Gazette Medico-Chirurgicale de Toulouse*, a case is related of a governess who had been treated for hiccough during twenty days with every variety of antispasmodic—ether, belladonna, valerian, etc.; laudanum was the only thing which gave any relief, and enabled the patient to retain some nourishment. At last, recourse was had to the infusion of mustard: one teaspoonful of flour of mustard was infused for twenty minutes in about half a pint (250 grammes) of boiling water, it was then filtered, and given to the patient, who swallowed it at one draught. The troublesome affection ceased at once and never returned. Cases of obstinate hiccough are sufficiently frequent and intractable to make practitioners grateful to us for pointing out to them a remedy so efficacious and so handy as infusion of mustard seems to be. The editor of the

Edinburgh Medical Journal says of this: Of many obstinate cases of hiccough we have never seen one cured: they all wore themselves out. We are aware that this was also the experience of one of the most widely-employed consulting physicians of recent days. At the same time, obstinate hiccough, in certain circumstances, and under certain conditions, is readily produced by local irritants: a piece of dry bread will often bring it on; and there is no reason why such a merely local stimulant as mustard should not prove curative. We recommend its employment to our professional brethren.

On the Employment of Carbolic Acid in Variola.

M. GODEROY, Professor of Midwifery at Rennes, has recently employed carbolic acid in three cases of variola; he employed it both externally and internally. Internally, one part of carbolic acid was added to one hundred and twenty-five of dilute mucilage (*potion gommeuse*), and a teaspoonful given every two hours; externally, the surface of the body was sponged every hour with a solution of one part of carbolic acid in five hundred of water. Beef-tea (*potages*) was the sole nutriment allowed; and the result in all three cases was sufficiently encouraging; in all there was neither suppuration of the pustules nor secondary fever. One was an adult, unvaccinated; another a young man of seventeen, successfully vaccinated in his youth; and the third, an infant of eighteen months. The latter was the only one who had any difficulty in taking the potion; in her the smallpox commenced in the beginning of May, and all the pustules were dried up by the 12th of May. We find the above in the *Edinburgh Medical Journal* from the *Revue de Thérapeutique Medico-Chirurgicale.*

Treatment of Hip Disease.

In the September number of the *Pacific Medical and Surgical Journal*, Dr. C. CUSHING, of Alameda, Cal., gives some cases of this disease, and precepts for its treatment. We make the following quotation:

The first case was evidently one of coxalgia, in its first stage. I found the child suffering incessant and severe pain, she having slept but little the night before. I at once had prepared a firm bed upon a settee, and elevated the foot of the mattress about fourteen inches; and then, after applying strips of adhesive plaster to the leg below the knee, made extension by means of a cord, weight and pulley—the body acting as the counter extending power.

The course adopted acted like a charm for in less than two hours all acute pain had ceased, and she began playing with her toys, and never afterwards did she have pain enough in the limb or hip to cause complaint.

The weight which consisted of a bag of sand was at the commencement about five pounds; but it was very much diminished after the first few days, and was discontinued at night after the first fifteen days. The local application consisted in painting the hip every day with tinct. iodine until the skin was tender, and then suspending for a few days.

All tenderness about the hip subsided in three weeks, and at the end of five weeks I allowed her to get up and go about on crutches.

The muscular tissue of the affected limb became atrophied, and the temperature was several degrees lower than that of the sound limb. She moved about the yard freely on her crutches, but there was an inability to raise the foot from the ground.

She remained under my observation for about six months, during which time electricity, warm fomentations to the leg, frictions with a coarse towel, and stimulating liniments, made up the course pursued. At the time she passed from under my notice the limb was steadily becoming warmer from the hip downward, and the surface more sensitive; in fact the parts became so sensitive that I was compelled to discontinue the electricity.

There was no hereditary tendency to strumous disease.

The constitutional treatment consisted of syr. ferri iodidi, given in five-drop doses, three times a day for ten days and then withheld for a few days.

There was no return of pain or tenderness after the first two weeks of the treatment.

The points to which I would call the attention of the Association are the following:

1st. That perfect rest, as near as possible, is of the first importance in the treatment of hip disease at whatever stage.

2d. The best way to secure this is by moderate extension, by means of a simple weight and pully.

3d. That by this means the opposing diseased surfaces are kept asunder, and by the same means the patient is allowed to shove about on the bed quite freely without aggravating the disease of the joint.

It is surprising to see how well children will bear confinement to a bed in the manner I have indicated, and how readily they accept the situation when they are free from pain.

I think that a tonic course of treatment is demanded in every case at whatever stage; and I am a firm believer in the virtues of counter-irritation in this disease, thoroughly applied.

Inversion of the Uterus.

The N. Y. *Medical Gazette* has the following: Dr. W. H. BYFORD relates, in the *Chicago Medical Examiner*, a case of inversion of the uterus reduced

by means of elastic pressure. The patient was a woman, aged 22, in whom a third labor was followed by relaxation of the womb and much hemorrhage. Affairs progressed favorably enough, however, until one day, about five weeks after the delivery, "while sitting on the vessel, vomiting, she experienced slight tenesmus, and felt something pass out between the labia." After some weeks of treatment by sits-baths and astringent injections, she was seen by Dr. Byford, who found the uterus "about the ordinary size of the unimpregnated organ, and inverted, all but the vaginal portion of the cervix. The density of the anterior walls and cervix seemed rather less than natural." The mode of treatment adopted is thus described by the author:

After lifting up the uterus as much as I could with two fingers, I placed an elastic bag under it, so as to make pressure upward and slightly forward in the direction of its axis, and filled it with tepid water, until the patient complained of severe, inconvenient pain from distension. She was directed to remain in bed, and the instrument left in place until the next day. The water was then allowed to flow out, and the parts examined. I could discover no change in the condition of the uterus. The bag was again filled, and the distension made as great as the patient could well bear. Upon emptying again, on the third day, relaxation of the cervix was quite evident, and I felt encouraged to expect success. On the fourth day the relaxation was so decided that the fundus could be almost passed up into the os with the fingers. On the fifth day, when the water was again allowed to flow off, the uterus was found to have returned to its natural position. The patient was directed to remain in bed still, and the instrument removed from the vagina. On the sixth day I passed my probe through the os uteri, two and a quarter inches, showing that the fundus was thoroughly restored to its shape and position. The patient remained in bed for two days more, and then gradually resumed her exercise until, on the 22d of June, she attended the wedding of one of her friends.

Arsenic in Irritative Dyspepsia.

Dr. J. C. Thorowgood, in the *Practitioner* speaks highly of the action of arsenic in many diseases of the stomach. He has found that one drop doses of Fowler's solution in half an ounce of infus. calumbæ had the effect, in a case he treated, to allay the pain, to stop the vomiting of the food, and to enable the patient to eat and digest small quantities, of mutton. He states that the small irritable tongue, with projecting papillæ and yellow or grey fur, indicates arsenic. The more purely local the gastric symptoms, the better is the chance of arsenic doing good.

Reviews and Book Notices.

NOTES ON BOOKS.

"The alleged malpractice suit of Walsh, vs. Sayre," makes a pamphlet of 190 pages octavo. It is of more value than a mere defence of an individual surgeon's reputation; it establishes some important points in medical law. As one of Dr. Sayre's friends says:

"It is worth the while to know that a Court can, and will order an examination of the patient by a board of unprejudiced surgical experts *at the time the case comes into Court.* It is even more satisfactory to know that a groundless suit, instigated by malice, cannot be undertaken with impunity, but that the plaintiff, may be properly punished by the infliction of extra and unusual costs upon him by the Court."

BOOK NOTICES.

Transactions of the Homœopathic Medical Society of the State of New York, for the year 1869; vol. vii., Albany, 1869. Pp. 868.

We have examined the above volume with considerable interest, and must say that it does credit to the industry and reading of the homœopathic physicians of New York. It is needless to say that a large part of it is, in our eyes, of no more value than dissertations on the philosopher's stone, or judicial astrology. That is understood. Nevertheless, there are several articles in it which contain valuable results of observation. Chief among these is the very thorough essay by Professor E. M. Hale, of Chicago, on the poisonous potato bug, (Doryphora,) which has recently invaded the potato fields of Illinois and adjacent States from Colorado and the West.

The articles on "provings" and "pathogenesis," are to us foolishness. The directly militant ones, such as "The Drift of Modern Medicine," by Dr. Pope, and "The Origin and Present Status of Homœopathy," by Dr. W. Boyes, have the usual amount of assertion and usual weakness of fact. We heartily endorse what the latter says in small capitals, p. 377: "There ought to be no sect, neither allopath, nor homœopath, in medicine, but only physicians." We have often called the attention of homœopathic physicians to the fact that so-called "regular" physicians are *not* allopaths, that is, they do *not* hold to the Galenic doctrine *contraria contrariis.* They deny that scientific observation has as yet established this or the converse doctrine. Now, in face of this notorious fact, how can *honest* homœopaths continue to assert that any scientific physician advocates any particular sect or exclusive dogma?

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 24, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance*. We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

ALLEGED YELLOW FEVER IN NEW YORK.

Several cases of death have occurred within the last week in New York City attributed to yellow fever. Dr. MOREAU MORRIS, however, who is City Sanitary Inspector, denies that such is the character of the disease. He says that post mortem examinations upon their bodies gave satisfactory evidence that the disease was not "yellow fever." In order to ascertain all the facts connected with these cases, and, if possible, the source of the disease, minute inquiries were made.

The general symptoms of the disease presented by those attacked were chill, fever, diarrhœa, vomiting, slight jaundice, brown coated tongue, urine of a dark color, which, under the microscope, presented no casts, blood or albumen. The average duration of the disease in fatal cases was less than a week. The last death occurred on the 17th ult. Eight cases were still remaining in the hospital (all convalescent) on the 18th ult., the date of the last inspection. No new cases had been admitted since the 12th ult. Careful investigation failed to discover satisfactory evidences of the cause of this epidemic.

All the facts concerning the four fatal cases which have occurred in the city clearly show that these persons had been directly exposed to the same endemic influences on Governor's Island, which had caused the disease there prevailing.

The premises where these fatal cases occurred in New York have been kept under the closest observation. No subsequent cases have been developed among those who were in their attendance upon these persons during their illness and death in the city.

Various opinions have been expressed by those of the medical profession who have been conversant with the facts connected with these cases, some classifying it as malarial bilious, and others as pernicious remittent and typhus fever.

Whatever may be its special nomenclature, the fact is established beyond doubt that it is not "yellow fever," or a disease of a contagious character.

It is probably the jaundice which leads non-medical observers to suppose such cases are yellow fever. Undoubtedly that much dreaded disease has been at the doors of this city and New York during the summer, and is now quite severe in New Orleans and parts of Cuba, and in Spain. We need, therefore, to be exceedingly cautious, and wherever there is a doubt, to take the utmost precautions.

Notes and Comments.

Foundlings.

Dr. A. Jacobi has published, through the Bellevue Hospital printing office, a pamphlet of 43 pages entitled, "The Raising and Education of Abandoned Children in Europe, with Statistics and General Remarks on the subject." It is a valuable addition to our knowledge of the subject, and sets forth in strong colors the improvement in our manner of caring for infants in public institutions. Speaking of one of the best establishments in this country, he says:

"The worst features of the European foundling hells of former centuries are not more fearful than ours, and although being an officer of that institution myself, and believing that I and all the rest of us have conscientiously tried to do our duties, I cannot but testify and bow down to the truth, that in spite of all the efforts of the medical staff, and the painstakings of the kind-hearted and self-sacrificing ladies, the probability of the lives of children entrusted to a public institution is very slim indeed. The younger the children, and the larger the institution—the surer is death."

Treatment of Infantile Diarrhœa.

Dr. R. W. Foss says, in the *British Medical Journal*, of Sept. 3rd: As the treatment of infantile diarrhœa is of some interest at present, I send you a short account of some trials I have been making lately of an old remedy—the gum Arabic. I have used it now either as mucilage or powder in some thirty or forty cases, varying in age from a few days to several years. I have no details of the cases; but can say that, since I began to use it, I have no deaths.

There are three forms of infantile diarrhœa common at present. 1. Green stools, usually complicated with vomiting; 2. Simple diarrhœa, with very fœtid stools; 3. An almost constant involuntary discharge *per anum* of a pure fluid. In the first and third of these forms, a little grey powder added, in the proportion of one part to twenty of powdered gum Arabic, and given in doses of five grains, has a rapidly beneficial effect. In the other form, mucilage, one part to three of water, is all that is required. The good effects of the mucilage can only be attributed to its mechanical action on the mucous surface of the bowel, sheathing it, so to speak, and allowing the acrid vitiated juices to pass away.

Woman's Medical College in Chicago.

The medical college for women, in Chicago, has now, we learn, fully completed its organization. It is called the "Woman's Hospital Medical College," and it proposes to give a full course of lectures during the coming winter. Most of the instruction is to be carried on in the hospital building, No. 402 North State street. Dr. W. H. Byford is President of the Faculty, and Dr. T. D. Fitch, No. 296 West Monroe street, is Secretary, who can give any information desired.

New York College of Pharmacy.

We would call the attention of our readers to the card of the New York College of Pharmacy in another column. It has an excellent Faculty, and New York offers unusual facilities to the student of pharmacy. Practical pharmacy is too much neglected by medical students, who frequently have to compound their own medicines, and if they do not, should know *how* it is done. Every student of medicine should take a course in practical pharmacy.

Maxims of Success.

The celebrated Scotch surgeon, JAMES SYME, who died last June, used to give his students the following maxims to insure success in practice:

1. Never look surprised at *anything*.
2. Before stating your opinion of a case on your second visit, ascertain whether your previous directions have been complied with.
3. Never ask the same question twice.

Enlarged Tonsils.

A writer in the *British Medical Journal* says, that a professional friend of the highest eminence in Dublin assures him that he finds sulphate of potash, administered daily for a month or six weeks, almost a specific for enlarged tonsils in children, the result of delicacy. He gives from five to fifteen grains every morning, with a small quantity of rhubarb and an aromatic. The dose should be such as to produce mere laxity of the bowels, and should be at once diminished if it produce purging.

Surgeons' Hall and the Lady Students.

At a meeting of the lecturers of Surgeons' Hall, Edinburgh, the following resolutions were passed, on the motion of Dr. Arthur Gamgee, seconded by Dr. Macadam:—"1. That it is expedient that lecturers in this medical school should be free to lecture to female as well as to male students. 2. That no restrictions be imposed upon lecturers as to the manner in which instruction is to be imparted to women." The lecturers were authorized to make what arrangement they considered desirable to carry out these resolutions, either by separate class or in mixed classes.

Correspondence.

DOMESTIC.

A Fact Worth Knowing—Hemlock a Rat-proof Wood.

EDS. MED. AND SURG. REPORTER:

It is well known that the brown rat, or *Mus decumanus* of the zoölogist in the most pestiferous rodent inflicted upon the commercial world. It will cut its way through pine or oaken plank, with the facility of a ship-carpenter. It is the pest, alike, of merchants, importers, grocers and farmers. The sum of its combined ravages, estimated in dollars and cents, since its introduction into the United States, would materially diminish our National debt of to-day if not entirely liquidate it.

Being surrounded by these animals, I found it necessary to keep fruits, butter, cheese, and other articles in boxes made of hemlock, not the *conium* of the botanist, but the *abies canadensis* of the arborist. In these boxes I could keep the most toothsome delicacies in the cellar with impunity, even though the box afforded free ventillation which, in many cases, is highly necessary.

To test the matter still further, I made a box of dry hemlock boards, perforating each end of the box with a 7-8 inch circular hole. Into this box I put a large healthy rat, caught in a hemispherical wire trap, nailed it up securely, put it in a dark, quiet place and awaited the result.

On inspection at the end of 24 hours, I found he had scarcely more than touched the wood. I returned the box, leaving the rat to his cogitations, which horn of the dilema to choose.

At the end of forty-eight hours I made him another visit. He had evidently come to the conclusion that remaining inactive was to strand upon Scylla, while the effort to buy his liberty could do no worse than wreck him upon Charybdis. He had enlarged the hole sufficiently to get his head out, in which condition I found and dispatched him on the third morning of his incarceration.

A. D. BINKERD, M. D.

Parker's Landing, Pa., September 19th, 1870.

A Striking Coincidence.

EDS. MED. AND SURG. REPORTER:—In the *Journal of the Gynæcological Society of Boston* for August is a sermon on the death of Sir James Simpson, by Rev. JAMES B. DUNN. A portion of that sermon may be found in a discourse on "The Sacredness of the Medical Profession: a sermon delivered before the students of Jefferson Medical College, and the Medical Department of the University of Pennsylvania, Sabbath evening, November 19th, 1865, by Rev. E. R. Beadle, Pastor of the Second Presbyterian Church Philadelphia."

I copy the following extracts from the sermons:

REV. E. R. BEADLE.

It may be said that Parker opened the gates of China with a lancet, when European cannon could not break a single bar. Dr. Halley entered the island of Madeira with a single companion, a sick wife leaning on his arm; he left it with eight hundred men won for the truth and God. Thomas was an early medical missionary in India. A Hindoo came to him with a dislocated shoulder. He reduced the luxation, and then told him of Christ, who came into the world to save sinners. He was touched, subdued, soon broke cast, became a changed man, became a Christian. He was the first Hindoo convert, and the leader of a mighty host, who have since entered into the kingdom. It was a physician* who gave India to England; it is a physician who is winning Africa to civilization, and preparing a highway and home for the the African race. It was a physician well known and dear to many hearts in this community, who forced his way to the north magnetic pole, and brought to the doors of Christianity those unknown and wandering tribes of the icy north. It is a physician who has followed in his steps and bids fair to complete the discoveries which he inaugurated, and made the frozen and inhospitable regions of our globe warm with the love of Christ. Physicians led in the van of that army which lifted the South Sea Islands from cannibalism, and lighted on those distant groups a civilization which is never to go out.

REV. JAMES B. DUNN.

Parker, it may be said, opened the gates of China with a lancet, when European cannon could not break a single bar. Dr. Halley entered the island of Madeira with a single companion, a sick wife, leaning on his arm; he left it with eight hundred men won for the truth and God. Thomas was an early medical missionary in India. A Hindoo came to him with a dislocated shoulder. He reduced the luxation and then told him of Christ, who came into the world to save sinners. He was touched, subdued, soon broke cast, became a changed man, became a Christian. He was the first Hindoo convert, and the leader of a mighty host, who have since entered into the kingdom. It was Gabriel Broughton, a physician, who gave India to England. It was a physician who forced his way to the north magnetic pole, and brought to the doors of Christianity those unknown and wandering tribes of the icy north; and a physician who won Africa to civilization, and prepared a highway and a home for the African race. Physicians led in the van of that army which lifted the South Sea Islands from cannibalism, and lighted on those distant groups a civilization which is never to go out.

*Gabriel Broughton in 163[illegible].

The strong resemblance which these extracts bear

suggests the idea that the mind of the Rev. Mr. Dunn must have been in a peculiar condition.

As an interesting specimen of mental and moral pathology, I send you the above.

M. Reece, M. D.

Abington, Ill.

Chloral Hydrate in Delirium Tremens.

Eds. Med. and Surg. Reporter:—

As considerable mention is being made in the various medical journals concerning the use of the *chloral hydrate* in delirium tremens, I contribute the following report of a case which I treated recently, the result of which does not in my opinion entitle the chloral to preference over other and older remedial agents.

August 13. Was called at 11 P. M., to see G. L——, male, aet. 36; American. Had been without sleep for three days and nights, and consequently in a high state of delirium. Ordered:

℞. Chloral hydrat, ʒjv.
Syrup tolu.
Aquæ aa. fʒj.

Sig.—Two teaspoonfuls every hour until sleep is produced. Following morning no sleep, and no abatement of symptoms. Continued the same prescription until the four drachms of chloral had been taken. At night, no sleep. Ordered:

℞. Bromid. potass., ʒiv.
Hoffman's anodyne,
Fld. ext. valerian, aa. ʒjss.
Spts. camph. ℥ss.
Aquæ, q. s. ft. ʒviij.

Sig.—A tablespoonful every hour until sleep is produced. Also, milk punch *ad libitum*. The patient went to sleep after taking four doses of the bromide mixture and slept soundly through the remainder of the night. He awoke the next morning free from delirium. The mixture was repeated three or four times through the day. No recurrance of delirium. Geo. D. Stanton, M. D.

Stonington, Conn., September 3d, 1870

News and Miscellany.

The Wounded at Weissenburg.

Professor Billroth, of Vienna, says the *British Medical Journal*, writes from Weissenburg in terms of high commendation of the organization for the relief of the wounded, and of the labors which men of all classes of society undergo in rendering aid. With regard to complaints which may be made as to the want of arrangement, he says that these are made only by people who know nothing of the mechanism of so great an organized migration as is taking place; for it is believed that half Germany is in motion. He had at first the idea that it would be necessary to apply to the Society in Vienna for any material that might be wanting; but everything is so well arranged, that everything necessary can be obtained from Mannheim at the shortest notice, while the depôt at Mannheim was replenished from Berlin. The central societies of Munich, Stuttgart, and Karlsruhe are also believed to have placed themselves in direct communication with Berlin, so that there is on the German side a complete central organization for the care of the sick and wounded. Materials are sent in great abundance; but the consumption of them is necessarily enormous. Professor Billroth contradicts positively any reports as to want of provisions or ill-treatment on the part of the inhabitants. With the exception of some days at first, he says, the patients, surgeons, and helpers in Weissenburg have been very well cared for by the towns-people, according to their ability. There was, however, an entire want of surgical instruments; but this produced little inconvenience, as Dr. Billroth had a complete supply with him. A portion of the hospital at Weissenburg is placed under the sole charge of Dr. Czerny, Dr. Billroth's assistant.

To Remove Rust from Surgical Instruments.

The *American Practitioner* quotes the following from the *Druggists' Circular*: Red rust may be formed on the polished surface a thousand times without materially corroding the metal, provided it be removed soon after it has formed. To remove red rust cover the rusty portion with common olive-oil, and rub it in well with a woolen cloth. After it has stood a few hours, rub the parts with finely pulverized slacked lime, or Spanish whiting, until the rust is all removed. If red rust is allowed to accumulate until the polished surface is corroded, sweet-oil and a severe rubbing will seldom remove it. The entire surface must be repolished with emery, or some other grit, before black rust will disappear from polished steel or any other metal.

The Temperature.

A careful examination of the thermometrical record shows that, taking the temperature of June, July, and August, the average mean was 78.92 degrees, which is the highest on record in the locality of Philadelphia since 1790.

——Among the physicians killed on the field, victims of their devotion, is M. Milliot. He was extracting a bullet from Colonel Colomieu, now in the hospital of Val-de-Grace, and had just successfully completed the operation, when he was killed on the spot.

——The New York *Express* tells of a physician in Maine who contracted the habit of chewing tobacco forty years ago. He has at various times abstained from its use entirely, from two to six months at a time, but in every instance he has been driven back to the weed by unmistakable indications of dropsy of the chest, which usually pass off in a week or two after the resumption of the habit.

——Ten steamboats are on service as floating ambulances on the Rhine, from Mannheim to Dusseldorf. The Geneva flag floats at the topmast of each. The wounded are better located in these floating hospitals than they were before; but there is a want of medical aid in them.

——A very large number of the students of the German Universities have interrupted their studies, and have entered on duty in the ambulances. Many of them have been attached to the third German army corps.

——The death is announced of M. J. S. Lacordaire, Professor of Comparative Anatomy at Liège. He was highly distinguished as an entomologist, and was engaged on a history of insects, of which the eighth volume appeared in 1868.

——The books of the U. S. Pension Office show that of the soldiers drawing pensions, 5,006 have lost one arm, 4,627 one leg, 350 both arms, 42 both legs, and 21 an arm and a leg.

——So thoroughly is Ireland now guarded from small-pox by compulsory vaccination, that only one death from it occurred in that country during the last quarter.

——In Cincinnati the excessive mortality among children is attributed to the impure milk sold in the city.

——The three most celebrated surgeons in Berlin, Drs. Langenbeck, Bardeleben, and Wilmst have all entered the army.

OBITUARY.

WM. D. COURTNEY, M. D.

Dr. COURTNEY died on the 8th of September, at Sharpsburg, Md.

A graduate of the University of Pennsylvania, he began the practice of medicine in Sharpsburg, in 1840. Of a retiring and diffident disposition; a patient, sympathizing listener; skillful and quick to detect and treat the first appearance of disease; a foe to empiricism; possessed of large common-sense, combined with a keen thirst for scientific knowledge; a firm friend and ready counselor, with a hatred of slander and no gifts for gossip, he soon gained and retained an extensive lucrative practice. To enjoy the constant service of a skillful and Christian physician for thirty years in a family is no ordinary blessing. Yet numerous families in and around Sharpsburg have enjoyed it, and now feel deeply their loss in the death of Dr. Courtney.

MARRIED.

FULLER—BEATTY.—September 13th, at the residence of the bride's father, in East Liberty, Pa., by Rev. John Gillespie, James Fuller, M. D., and Miss Bella C. Beatty, daughter of R. C. Beatty, M. D.

HENRY—VIRTUE.—August 21th, by the Rev. Samuel McHaffey, Dr. Robert H. Henry and Miss Lucy Virtue, all of Washington, Ohio.

HOLLIDAY—PRINGLE.—By Rev. W. J. McConkey, assisted by Rev. H. C. Helfrich, Sept. 7th, at the house of Dr. G. W. Pringle, Miss Mary Pringle, of New Concord, Ohio, and Mr. George L. Holliday, of Pittsburg, Pa.

KERREL—WILLETT.—In Bardstown, Ky., Sept. 14th, Dr. J. T. Kerrel, of New Orleans, and Miss Sallie E. Willett, of the former place.

LAYTON—SHERIDAN.—By Rev. Wm. A. Fleming, July 21st, Mr. Jacob Layton and Miss Sallie C., daughter of C. Sheridan, M. D., all of Johnstown, Pa.

MCLEAN—CUNNINGHAM.—By Rev. J. M. Shields, assisted by Rev. D. H. A. McLean, D. D., with the approving presence of Rev. J. C. Wilson, Sept. 8th, at Beaver C. H., Pa., E. P. McLean, M. D., and Miss Anna A. Cunningham.

SAVERY—HUTTON.—At Friends' meeting house, Sewickly, Pa., 9th month, 15th, Dr. Wm. Savery, of Philadelphia, and Rebecca, daughter of the late Joel Hutton, of the former place.

SHARP—HALL.—In this city, Sept. 21st, by Rev. Dr. Rudder, Dr. E. S. Sharp, of Salem, N. J., and Miss Hall, of this city.

THOMAS—MCSTOCKER.—July 28th, by Rev. William Suddards, D. D., Richard Thomas, M. D., and Miss Lydia M. McStocker, both of Philadelphia.

DIED.

BALDWIN.—In Strafford, Vt., Aug. 2d, Mrs. Polly Baldwin, widow of the late Dr. Eleazer Baldwin, aged 85.

COURTNEY.—Dr. Wm. D. Courtney, at his residence in Sharpsburg, Md., September 8, 1870, in the 59th year of his age.

FRAZER.—At Montrose, Pa., on the 13th of September, in the 86th year of her age, Mary Frazer, widow of Dr. Charles Frazer.

HOPKINS.—At Peekskill, N. Y., Sept. 8th, Dr. William G. Hopkins, aged 82 years.

HUGHES.—In Blairsville, Pa., on the 7th of August, Mrs. Annie M. Hughes, wife of J. W. Hughes, M. D., and daughter of Hon. James Torrence, of Jefferson county, aged 27 years, 4 months and 4 days.

JACKSON.—Sept. 16th, at East Orange, N. J., Walter Henry, youngest son of Dr. Francis H. and the late Frances M. Jackson, aged 18 years and 10 months.

MCDONALD.—Sept. 16th, Ann Josephine, 7 years of age, daughter of Dr. A. E. McDonald, fell from the roof of a building, in Boston, and was instantly killed.

MCGOODWIN.—In Princeton, Kentucky, on August 25th, Grace G., consort of Dr. P. B. McGoodwin, in the 59th year of her age.

RICHARDS.—August 11th, at Savannah, Mo., of cholera infantum, Hubert A., son of W. H. and Mary A. Richards, aged 2 months and 5 days. August 29th, Mary A., wife of Dr. W. H. Richards, aged 27 years.

STARKE.—At his residence in Baltimore, September 10th, Dr. Powhattan R. Starke, in the 47th year of his age.

WHEELER.—At Patterson, New York, Sept. 8, 1870, Mary Howland, beloved wife of Dr. N. W. Wheeler, in the 47th year of her age.

WOLF.—In New York, Sept. 21st, after a short illness, Elias Wolf, M. D., a native of Frankfort-on-the-Rhine, Germany, aged 73 years.

WORRALL.—In this city, August 19th, of pulmonary consumption, Dr. C. B. Worrall, of Maryland, aged 26 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 711.] PHILADELPHIA, OCTOBER 8, 1870. [Vol. XXIII.—No 15.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Of Philadelphia.

(*Continued from page* 229.)

VIII. PATHOLOGICAL CONDITION REVEALED BY THE LARYNGOSCOPE.

1. Congestion of the laryngeal mucous membrane. This condition of the mucous membrane of the larynx is a most frequent one. It is induced by slight causes: the contact of irritating vapors floating in the air, vicissitudes of temperature, unusual and violent exercise of the vocal organs, the passage of hot fluids over the epiglottis, as hot water, and as mentioned by Gerhardt, in his own case, even after taking a warm cup of strong tea, he has often suddenly felt as if a foreign body were in the larynx, accompanied by a desire to cough, and a hoarseness lasting several hours, all of which phenomena vanish by the following morning. The mirror shows each time a swelling of the inter-arytenoid fold of mucous membrane.

The prolonged use of the mirror will often produce a slight congestion of the laryngeal mucous membrane, attended with a feeling of roughness, tickling and dryness. In my own case, I have for several hours after each sitting a very disagreeable sensation of rawness, and the membrane becomes very red; but this has never as yet extended to the vocal cords. Such a condition of these cords are, however, recorded as resulting from a protracted inspection, particularly in those cases in which there is already some little laryngeal catarrh.

Chronic congestion is also often noticed in connection with phthisis, in the second and third stages, and other diseases.

Congestion is revealed by the mirror, which shows in some cases the mucous membrane covering the arytenoid cartilages, ventricular bands and aryteno-epiglottic folds of a deeper purplish shade than natural, and even the vocal cords invaded by a roseate tint. In other instances, the congestion becomes chronic and these parts are not only more deeply colored, but thickened; the vocal cords sometimes being almost hid by the swelling above, lose their elasticity, and do not vibrate with normal freedom, and hence the voice is altered in character, becoming hoarse, cracked, or whispering or is even abolished altogether. In some cases, an over-distended vessel is ruptured, coloring the sputa with reddish streaks or specks, or being more intimately blended, forms a brownish fluid. A case of this sort is related by Semeleder, of a man about forty-five years of age complaining of tickling and a slight scratching in the larynx, which compelled him to clear his throat frequently. There was no cough; the voice was slightly altered; no real pain. The sputa was raised without difficulty, and consisted of lumps of mucus, with some air vesicles. Sometimes there were streaks of blood mingled with the sputa, but in the morning its color was a brownish red. There were a few granulations and varicose veins in the pharynx. The epiglottis, the entrance to the larynx, and the ventricular cords had quite a normal appearance. The vocal cords, a little way from both their anterior and posterior attachments, were slightly reddened. Upon the anterior extremity of the left ventricular cord there was a small hemorrhagic spot, and upon it a slight fibrinous clot. This point was considered as the source of the hemorrhage, and explained the appearance of the red streaks in the sputa during the day, by the pouring out of fresh blood when the throat was cleared, while the

blood which oozed out in the course of the night would give the reddish color to the morning discharge, in which it was diffused. These appearances lasted for three weeks.

Other cases have been recorded of hemorrhagic extravasation in various portions of the laryngeal mucous membrane, but the foregoing one seems fully to illustrate this accompaniment of congestion.

LARYNGEAL INFLAMMATION.

The consideration of congestion of the laryngeal mucous membrane leads us naturally to consider in the second place its inflammation. Laryngitis presents itself under several forms, which require to be separately considered.

2. Catarrhal laryngitis may be acute or chronic, and in either case may differ in intensity. There is but a step from the congestion which is described in the previous section and the lighter form of acute laryngitis, the two pathological conditions running into each by imperceptible gradations. We find in the latter also the same diffused redness of the mucous membrane, or, as sometimes happens, patches of redness found by enlarged vessels. The redness varies from a light roseate hue to deep red. The disease may be associated with general catarrh of the respirating passages or be limited to these parts of the larynx. In the latter case a stricture may be separately affected, or the epiglottis, aryteno-epiglotic fold, and ventricular bands, or all of them, at the same time. The mucous membrane covering these parts will be found thickened and more glossy than natural, with here and there a string or lump of mucous adherent, or stretching from one to another. When the epiglottis is much altered in the above manner (epiglottitis) it presents the appearance of a short, thick, nipple-like projection, occupying much of the super-glottic space and rendering an inspection of the parts below more difficult. In some cases the epiglottic swelling is limited to one or other of the two surfaces, or even to a moiety of it.

When the disease is more advanced in, or principally confined to, the deeper parts, aryteno-epiglottic folds, ventricular bands, or to the mucous membrane, covering the arytenoid and Wrisberg cartilages, they will present increased volume and redness, easily recognizable in the mirror, and in the latter case the swelling of the arytenoid cartilages will impair the motion of the vocal cords so that they cannot be approximated sufficiently for vocalization. These cords may also be involved, so that they lose their pearly shimmer, and present some shade of red from the lightest to the deepest, become thickened and altered in shape, so that there edges no longer present a thin, sharp appearance.

If the inflammation extends deeper still, the mucous membrane of the trachea may also be observed altered in color, but rarely to such a degree that the glistening of the cartilaginous rays beneath may not be seen.

The symptoms connected with this mild degree of catarrhal laryngitis, are alterations in the timbre of the vocal cough, pain, upon pressure being made on the larynx, difficulty in swallowing and dyspnœa. The voice is either hoarse or cracked, and in attempts to speak the tone often passes by a rapid transition from grave to acute, or lastly, there may be a complete aphonia. There is often a sense of pricking, or a feeling as if there were a foreign body above the superior laryngeal aperture, which provoke cough. It is also induced by the injestion of cold liquids, or aliment coming in contact with the parts denuded of epithelium. During the act of coughing pain is experienced from the movement of the inflamed and tender laryngeal structures upon each other. Difficulty in swallowing arises from the swollen condition of the parts, and the pain induced in them by the contact of drinks and food, by imperfect closure of the larynx, by the epiglottis with the parts about the laryngeal aperture. Dyspnœa is usually not present in the mildest catarrhal laryngitis, but in a higher degree, when the vocal cords and the adjacent parts are swollen, the laryngeal aperture will be more or less trenched upon, and cause dyspnœa in proportion to its extent. There is expectorated white, frothy sputa. This degree of acute laryngitis is commonly encountered in persons who have exposed themselves to vicissitudes of temperature, or those who use the vocal organs to excess in speaking or singing. These cases run a course of two or three weeks, and are easily amenable to simple remedies.

In the higher grades of acute laryngitis these appearances already described will be seen more marked, and after a few days small ulcers will form at some points upon the epithelialess, mucous membrane particularly upon the

epiglottis, runs its free border when it passes upon the cartilages of Santorini during the act of swallowing, upon the aryloid Santorini cartilages, the points of the vocal processes the anterior angle of the glottis, and upon the vocal cords. The symptoms we have mentioned, accompanied by mild acute laryngitis, will also in this grade be more marked.

Chronic catarrhal laryngitis eventuates either the acute form, when the latter has been successfully treated, or it arises spontaneously from some peculiarity of the constitution, or of the mode of action of the cause producing it.

The milder degrees of chronic laryngitis are very common; we see it habitually in those who exercise the voice continuously and violently; speakers, hawkers, singers, and especially in those who, besides having to make continuous drafts upon the vocal power, indulge to excess in alcoholic drinks and tobacco smoking. The inhalation of irritating substances in powder or vapors, for a long period, will also result in this form of laryngitis. It is also found associated with phthisis and syphilis.

The mucous membrane is found deep red; sometimes bluish-red, thickened and often having patches of granulation, or ulcers at some other part of its surface. The alteration of the voice is now marked and continuous; pain and cough are almost entirely wanting. In severe chronic laryngitis the local changes are more marked still, the hypertrophy of the membrane is greater; sometimes there is a shrinking of the mucous and submucous tissue from atrophy, and the change may even extend to the cartilages beneath. The vocal cords are also changed in color, becoming reddish, sluggish in movement, and thicken, or, in some cases, atrophied and yellowish. Not unfrequently propelling growths, swelling of the follicles, and the formation of small mucous polypi, form a link in these chronic changes. There will be more or less dyspnœa, and impairment of the voice or aphonia.

Chronic laryngitis runs a prolonged course, has a constant disposition to relapse, and is difficult of cure.

III. PSEUDO-MEMBRANUS LARYNGITIS, OR CROUP.

Laryngoscopically there is little to present to the reader concerning croup, and the same remark may be made regarding diphtheria. Both of these forms of inflammation are accompanied with deposits of greater or less extent in the larynx, and the appearances furnished in both cases are pretty nearly the same. Störk, as quoted by Semeleder, describes a case that may be regarded as croupous inflammation. It occurred in a young lady twenty-four years old, who had suffered for some time from an irritation and tendency to cough, and from hoarseness, without any known cause. The organs of the chest were normal. The laryngeal mirror showed a thick exudative deposit beneath the vocal cords, and also upon the interior larynx, that so far diminished the laryngeal space in circumference as to cause frequent attacks of suffocation. Spasmodic coughing ensued, by means of which the exudation was sometimes expelled. A ring-shaped mass of grayish yellow color, compact and viscid, was formed at some points, hard like an eschar, and streaked with blood; it consisted of mucous globules, pus cells, and fat, without manifest stricture. According to the inspection, and from the breadth of this exudation, the disease must have extended beyond the cricoid cartilage. In other respects the larynx was perfectly normal. A cure followed the cauterization with a concentrated solution of nitrate of silver, although frequent relapses occurred.

Semeleder himself also reports the laryngoscopic character of a case of diphtheria. The patient was a girl twelve years old; greatly wasted away at the time of the examination, and suffering greatly from difficulty of breathing. The examination of the pharynx showed that the mucous membrane, upon the lower half of its posterior wall, as well as upon the palate and its arches, was, in a marked degree, bluish-red and hyperæmic; in some places it was destroyed, and in others covered with small ecchymoses and a few greyish-yellow shreds. The examination with the laryngoscope was quite easy; it revealed the epiglottis blueish-red and covered for the most part with a think, yellowish-white pseudomembrane and œdema, and contractive at the entrance of the glottis. The vocal cords were colored yellow, but below these, and quite deep down, as far as could be seen, the mucous membrane of the trachea was covered with a grayish-yellow, dirty, dingy deposit contracting the space; here and there it hung in shreds from the sides; it was about one line in thickness, and through it the surface beneath could be seen, having a deep bluish-red color and a spotted uneven appearance. The diagnosis of diphtheria was easily made, and

it appeared that the process had commenced above and had extended itself downward. The patient died at the end of two days, and the *post mortem* examination revealed diphtheritic exudations in the trachea as far down as the division of the bronchi; at some points the exudation had been discharged.

B. INFLAMMATION OF THE SUBMUCOUS CELLULAR TISSUE.

The inflammatory affections which we have now described have been considered as confined to the mucous membrane, and not extending to the subject tissue; but inflammation does not always proceed thus; in some cases it extends deeper, and involves the layer beneath in the morbid action, constituting cellulitis, conferring additional danger and severity upon ordinary laryngitis. It sometimes happens that this extension occurs when the superficial inflammation is slight, or again is lighted up by disease of the cartilages, while the mucous membrane remains unaltered. It may eventuate in serous infiltration, or in abscess.

5.—SEROUS INFILTRATION OF THE LARYNX. (ŒDEMA OF THE GLOTTIS.)

This disease is one of great danger to the patient, and of interest to the physician for the care with which it can be diagnosed with the mirror, and the promptness of relief offered by well directed surgical aid. All the lesions of the larynx are not affected with the disease; it is confined to those into whose composition much cellular tissue enters. According to M. Sestier, in an able monograph (Traité de l'Angine laryngée œdem: Paris, 1852), the œdema was seen in the aryteno-epiglottic folds 105 times in 132 cases, in which they became cylindrical, ordinarily smooth, sometimes folded, and tesselated, so that the laryngeal aperture was either reduced to a linear state or to a more or less rounded aperture. The epiglottis participates almost always in the infiltration seventy-four times in eighty-one, having the form of an almond in the extremity of the finger. Infiltration of the larynx (ventricular bands) was less frequent, fifty-two times in seventy-two; of the trachea, six times in one hundred and thirty-two cases, and of the bronchi, exceptionally only once, so that, as has already been pointed out by Cruveillier, and others, we have a supra-glottic and infra-glottic œdema. The true vocal cords are not the seat of this affection in a majority of cases, as the name would seem to indicate, and is therefore a misnomer, and should be abandoned. In a case of convalescence for typhus-pericarditis Türck found a high degree of œdema of both vocal cords.

The disease originates in several conditions of a local laryngeal inflammation and ulceration, either of mucous membrane or cartilage in obstructive diseases of the heart and great arteries, in general purity of the blood, superinduced by severe disease of the system at large.

When œdema is observed with the laryngeal mirror, it is seen as a more or less shining, red or bluish-red swelling, usually of the aryteno-epiglottic folds or ventricular bands, as projecting across the glottic cells upon one side, or symmetrically, obscuring or totally cutting off inspection of the vocal cords, and diminishing the laryngeal aperture. The general symptoms are usually seen, more or less, in dyspnœa, cough, impairment of the voice or aphonia and dysphagia.

In illustration of this disease, and the mode of treatment, we may cite a case reported by Mackenzie, of a person 22 years of age, who applied for medical treatment, complaining of great difficulty of breathing, hoarseness and pain in the throat. He applied May the 4th, 1863, and had suffered since March, 1861, and for more than a year he had never been able to lie down at night. When he did get to sleep (in an arm-chair) he often woke with the most distressing dyspnœa, and said he felt as if he should be strangulated. On making a laryngoscopic examination, the right ventricular band and aryteno-epiglottic fold formed together a large tumor, which projected across the glottis, and concealed from view the anterior two-thirds of the left vocal cord. The swelling was of a deep purple-red color. The mucous membrane over the arytenoid cartilage was also inflamed and swollen. The case was diagnosed to be one of chronic œdema of the larynx, and was freely treated with a strong solution of nitrate of silver. This treatment was continued every other day for a month, with little benefit to the patient; indeed, though the œdema did not increase, the patient became weaker, and the voice was completely extinguished. June 8th the œdematous swelling was scarified, the patient expectorating a considerable quantity of blood and frothy fluid. Two days later an examination showed the swelling but little diminished,

and the part was again lanced with great relief to the patient's suffering next day, when the laryngoscope showed the swelling much diminished, but the right vocal end rather congested. Scarification again adopted. On June 15th the patient felt quite well, scarcely a trace of the œdema remaining; but there was still a slight abnormal projection situated posteriorly over the right arytenoid cartilage, and the mucous membrane of the larynx generally was also redder than in the normal condition. The man subsequently became perfectly well.

We sometimes see more acute cases than we see above described, after exposure to cold, as described by Semeleder of two school boys who, after taking cold, were both sickened, having a slight cough; no expectoration; a rough, nonresonant voice; slight sensitiveness of the larynx to the touch, and disagreeable sensations in speaking and swallowing; when breathing quietly there was no annoyance felt. The examination with the mirror showed in both cases that the ventricular cords on both sides were œdematous; tissue of a bluish pale red color, shining slightly transparent, and protruding as swellings of the thickness of one's little finger, so far into the cavity of the larynx that the edges of the vocal cords were barely visible in uttering sounds. There were no further manifest alterations in the larynx. The stiffness and brilliancy of these swellings caused the appearance of great tension. In one of these cases it was possible to reach these swellings with the point of the finger, and feel them; they were thus found to be quite tense; after the introduction of the finger the patient felt more comfortable, perhaps because the swelling was partially reduced by the pressure. In both cases a cure followed very slowly from simple treatment.

Mackenzie also gives the testing of a case of a man, aged 30, who suffered from difficulty of swallowing and pain in the throat, which gradually came on in a fortnight. For a week he had not been able to swallow solids, and for the last thirty-six hours liquids could not be taken; attempted deglutition now invariably resulted either in a violent paroxysm of coughing, or in forced ejection of the liquids through the nares. A laryngoscopic examination showed the epiglottis to be of a bright red color and enormously swollen. The normal contour of the epiglottis was completely lost, and the valve presented the appearance of three red, slightly projecting, semi-transparent tumors, the largest one being on the right side. The œdematous epiglottis covered the right half and the greater part of the left side of the laryux. The parts which could be observed were seen to be much congested. This man recovered after scarification of the epiglottis.

(*To be continued.*)

HOSPITAL GLEANINGS.

By James B. Burnet, M. D.,

Of Newark, N. J.

(*Continued from page* 261.)

Case of Ascites.

Anna M. French; æt. 52, Irish domestic; married; admitted Oct. 28th. Patient states that she has enjoyed good health until five years ago last September, when she first noticed dropsy of the lower extremities, which increased until the following March. She took to the bed, and says that she had a great deal of pain at this time, but does not locate it other than as a general distress. She was told it was rheumatic fever. At the end of two years she was able to go about with crutches. She was in this condition for about two years, but for the greater part of last year, until her present illness began, she was able to go about and exercise as usual before her sickness. The œdema mentioned went off in the first two years, and has not returned in any marked degree since. The limbs were painful from the great swelling of the parts. She has had no cough, or shortness of breath on exercise. The menses have not occurred for the past two years.

During the past two years she has had constant pain in the back of a dull character, on standing up, and during walking. She admits habits of spirit drinking, and of taking her liquor undiluted. Bowels habitually regular; urine has been high colored; her present ascites began during the past summer; her appetite has been poor; she has noticed that since the swelling came on her perspiration, which before had been free, is now less; she now keeps the bed, but has kept up until the present time. The abdomen is very much enlarged, and presents fluctuation. The surface is œdematous, and there is erythema over the lower portion. The extremities are not œdematous, or but very slightly so. Respiration,

30; pulse, 108; sleeps poorly and appetite is deficient. She admits having been drinking freely of late. The urine is high colored, and small in quantity. It abounds in urates, but is not albuminous. It is extremely difficult for her to turn in bed. The umbilicus is depressed at least an inch. There is some tympanitic resonance, but the distension is mostly from fluid. Tongue not much coated, but rather swollen. She has been under treatment, but without any good result, the ascites constantly increasing. There is a murmur at the base of the heart.

Nov. 3d.--The enlargement of the abdomen has become very great. The abdominal walls are œdematous. Fluctuation not very distinct. Paracentesis abdominis was decided upon. The trocar was plunged into the abdomen three or four inches below and to the right of the umbilicus, but no liquid followed. Considerable liquid afterwards drained away from the œdematous abdominal walls. The patient has suffered greatly from dyspnœa, but to-day is more comfortable. The face, especially about the eyes, is considerably œdematous. The right eye is closed, and the eyelids are erythematous. The surface of the body presents a faint yellowish tint.

Nov. 7th.--Patient died on the morning of the 5th inst., at 2 A. M. She became drowsy in the afternoon of the 4th. During the night she became comatose—no convulsions. An autopsy was obtained with great difficulty, and, necessarily, limited to the abdomen. On opening the abdominal cavity, the walls were found to be 3 inches in thickness from fat. A large quantity of yellowish serum escaped when the cavity was opened, estimated at 3 or 4 gallons. There was no abdominal tumor. The liver was removed; its surface was studded with hob-nail projections of a deep yellow color. Its volume was considerably greater than in health. The weight was 6 pounds 6 ounces. Microscopical examinations of scrapings from a cut surface revealed a few liver cells filled with oil drops, and the field was crowded with oil drops of various sizes. The kidneys weighed 6 ounces and 7¼ ounces. On microscopic examination, the convoluted tubes were found filled with fatty granules. The renal epithelium cells within the tubes contained fatty granules. The spleen was not much enlarged, and weighed 18 ounces. The cadaver presented a deep green color.

THE PULSE IN HEALTH AND DISEASE.

By Fred. Horner, Jr., M. D.

The distension of the arteries and the subsequent elasticity of their wall give rise to pulsation, which is perceptible to the touch and visible to the eye. This corresponds with the systole of the heart depending also upon the vital contractibility of the arterial coats. The observer should be provided with a watch with a second hand. The Chinese feel the pulse of both wrists, request silence and shut both eyes, thus concentrating the sensorial powers, as they say, in the end of the fingers. The temporal artery is covenient for examination. Hippocrates and Celsus took no notice of the pulse. Galen was the first who attended to it. Soon after birth it is 130 in a minute, 80 at puberty, 75 in middle age, and 65 in the old. In the latter the pulse is always slow and intermitting; and, according to Dr. Benj. Rush, if regular, is a sign of disease. The slowness is due to an abstraction of excitement from the muscles to the arteries, which excitement is never lost. Sex influences the frequency of the pulse; it is quicker in women. Difference of civilization modifies it. In the savage the pulse is slowest from 40 to 60, and is due to the want of stimulus of thought and labor in them. It is slower in the inhabitant of the country than in one of the city. People of different nationalities, employments and occupations present peculiar modifications of the pulse.

In the West Indies it is 100; in Greenland as slow as 40, and is slowest in the cold climates. It is slower in the winter than in summer. Is slow in the morning, quick at noon, and more frequent at night. It is slower in the sleeping than in the waking state. It is quicker on our sides when we sit up in bed or stand up, or when the arm is extended. It is accelerated by a full meal or by the use of the malt liquors, and after a hearty meal, termed by some the fever of digestion, is full and bounding. The gaseous, thread-like and soft pulse marks the existence of debility. All the passions of the mind affect the pulse. Hope and joy increase its frequency. Fear, terror, grief and anger reduce its force and frequency. Conversation quickens it. In some persons in good health the pulse is preternaturally slow or quick. In a lady, who was my patient, when in health it was not above 40, and in another the average was 100, both due, perhaps, to the abnormal position of the artery.

In disease, as we might expect, the pulse departs from regularity—in frequency or the number of pulsations in a given time, and in quickness, the greater or less time in which a pulsation is performed. It may be quick without frequency, which occurs in yellow-fever. Its frequency is caused by morbid irritability in the blood-vessels. The full, frequent, and quick pulse occurs in the beginning of pleurisy, in bilious, congestive, and yellow fevers; the tense pulse occurs in rheumatism and pneumonia; the depressed pulse, scarcely perceptible, marks malignant fever, plague and small pox; in aneurism, and diseased heart, we have the thrilling pulse, and in hectic fever that termed corded. The source of the irregularity of the pulse is almost invariably in the heart. The various anæsthetics, the virus of rabid animals, and prussic acid, often render the pulse imperceptible at the wrist. In concussion of the brain it is weak, tremulous and intermittent; in compression, irregular and unnaturally slow, and in syncope ceases altogether. Few patients recover from an acute disorder after the pulse and temperature reach a certain maximum. The pulse becomes languid just before death. From the intimate connection of the blood-vessels with every part of the body, they are to it what the dial-plate and hands are to a watch. The physician may distinguish disease by other signs; for example, the state of the tongue, respiration and countenance, the character of the excretions, the urine, sweat, and fæces; yet the pulse will always furnish a valuable aid to insure correct diagnosis, and should be felt previous to venesection and to prescribing opium, emetics, purgatives, the hot and cold bath, steel, bark, and stimulating drinks or diet.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

September 10, 1870.

Clinic of D. Hayes Agnew, M. D., Professor of Clinical and Operative Surgery.

(reported by De Forest Willard, M. D.)

Ununited Fracture of the Olecranon.

Gentlemen: The patient now before you, John McK., æt. 28, comes to us with the statement that some four months since, while engaged in his occupation as a painter, he fell from a third-story window upon the pavement, receiving thereby severe internal injuries and bruises, which confined him to his bed for some weeks, during a portion of which time he was delirious, and life was at one time despaired of; but that he finally recovered, and with returning strength and more careful examination a fracture of the olecranon process of the ulna was discovered, and the arm immediately placed upon a straight splint. Union, however, did not take place, although this treatment was persevered in for several weeks, and various expedients were then resorted to, in order to secure this desirable result, but all proved unavailing, and he now comes to us for information as to the advisability of operative interference. You will see that he can flex the forearm at will, but is almost totally unable to extend it, which fact is easily accounted for by the fact that the triceps muscle has now no firm point of attachment, and can not operate upon the fore-arm as in the normal condition.

I fix the ulna, and find that the olecranon is freely movable in every direction, and that there has not the slightest union taken place. I examine the condyles of the humerus,—they are perfectly intact, as is also the head of the radius.

Our diagnosis then plainly is, that we have to deal with a case of ununited fracture of the olecranon,—not a case of tardy union, for the time has been too long,—neither is it fibrous, or ligamentous, or fibro-cartilaginous union; but one which absolutely refuses to knit, the cause for which we are unable to assert, yet it was probably due to the presence of synovial liquid between the ends of the bones, owing to a laceration of the lining membrane of the articulation.

Union may often, also, be interfered with by excessive hemorrhage at the time of the reception of the injury, the clot sometimes entirely separating the ends of the bones; or the difficulty may be due to the presence of a fragment of bone or muscle or tendon; or to meddlesome surgery—the too often removal of dressings; or to laceration of the nutrient artery; or to constitutional taint, either of long standing or from recent debility and exhaustion; or finally, to the want of proper apposition and the consequent mobility of the fragments.

In the present case it may also have been partially attributable to the fact that the olecranon is but poorly supplied with blood, it being but a long process of the ulna, and is thus placed at a distance from its "base of supply." This olecranon is to the upper extremity what the patella is to the lower, though Professor Owens regards it not as homologous with this bone, but with an extension of the upper extremity of the fibula above the knee-joint, which is met with in the ornithorynchus, echidna and some other animals.

In the case before us we find that all the ordinary means have failed to produce the desired result, and an operation is now certainly justifiable. Our

efforts in cases of non-union should always be to first secure immobility by appropriate splints, and then endeavor to promote activity by the use of blisters, iodine—friction of the ends of the fragments about once a week—hot and cold applications, compression, etc.; at the same time searching for and removing, if possible, all causes of delay, especially constitutional difficulties, as debility, syphilis, etc., by good food, tonics, and appropriate alteratives. Failing in all these measures, we are then driven to the severer forms of treatment, and of these we must select the one best suited to the particular case under notice. These operations are various. Acupuncture has been tried, and sometimes with good success, as has also cauterization of the ends of the bones. Dieffenbach's method is to make small holes in the fragments with a drill, and firmly drive into them a number of ivory pegs, which are allowed to remain until the irritation shall provoke union. This is good, but not applicable to the present case, by reason of its nearness to the articulation of the elbow joint, since the inflammation might be so severe as to cause extensive destruction of the synovial membrane, or of the ligaments.

The seton, first introduced by Physick, and composed of several strands of silk or wire passed between the ends of the bones, is a favorite method. The strands should be withdrawn one by one as the requisite amount of inflammation is set up.

Another method, which, however, is attended with so much risk that it should be but seldom employed, is to cut down upon the ends of the bones—saw them off, and then drilling holes in either fragment, wire them closely together, which certainly must retain them in accurate apposition and secure perfect immobility.

Still another plan is to bore through one fragment with a long gimlet, and carrying it on through the chasm, imbed it firmly in the other, thereby riveting the portions firmly together. The instrument should be allowed to remain until union has begun to take place. In the present instance, however, since the fracture is situated so near an important articulation, I shall endeavor to provoke sufficient irritation by simply perforating the ends of the bones in a number of places with a fine drill, but shall not allow it to remain, neither shall I pass it through from one bone to the other.

Much depends upon the subsequent dressing, which should be of such a character as to secure perfect rest and accurate apposition. Splints should be immediately applied, and the case treated exactly like a recent fracture. When union cannot be secured by any of these means, much relief may be afforded by appropriate mechanical apparatus.

[The patient being etherized, the drilling was then performed subcutaneously; the instrument not being withdrawn during the operation, save once to reach the other fragment. Adhesive strips were applied over the punctures, a roller including the entire arm, with figure of eight turns at the seat of fracture, and an anterior splint, almost straight, secured to the arm.—De F. W.]

Hydrocele.

This old man, J. A., æt. 71, presents himself with a large tumor of the scrotum, which he says has existed for 12 years, and gives no pain, but is increasing in size, and has begun to be the cause of considerable annoyance by its weight and bulk.

I discover by my questions that this tumor has been slow in its growth; that it commenced below and extended upward; that it does not decrease when he assumes the recumbent position, and that it has never been the seat of inflammation.

Upon examination, I find that it extends to the external abdominal ring; that it is smooth and elastic; that it fluctuates, and if the scrotum be pressed back between the thighs and then released, it rebounds as if attached by an elastic spring, which I regard as a very reliable diagnostic sign of this affection.

The external ring is not patulous, and coughing makes no impression on the mass, therefore it is not a hernia. It is a hydrocele, which, as you know, is an accumulation of serous fluid in the cavity of the tunica vaginalis testis, the enclosing membrane of the testicle. The normal color of this liquid is of a pale straw hue, but it may be yellowish or reddish, from the admixture of blood or pus, under which circumstances the test of translucency will be of no service, since the liquid will be opaque. The contents of a hydrocele may vary in amount from a few drachms to many ounces, and the liquid is largely coagulable by heat, showing its derivation from the serum of the blood. The tunica vaginalis is seldom altered greatly in appearance, but may at times be found thickened, and occasionally secreting pus. The tunica albuginea is rarely affected unless the fluid is long retained, in which case the testicle itself may atrophy or even degenerate.

A diagnosis can easily be arrived at by an observance of the above appearances, but in all cases a decisive result is quickly attained by the use of an exploring needle, and by its use we may always avoid the unpleasant procedure of thrusting our trocar into a sarcocele or other affection of the testicle. There is a form of this disease called congenital hydrocele, in which the vaginal tunic has never become separated from the peritoneum, the intervening canal being sometimes as large as a goose quill. In these cases care should be taken in the treatment, lest inflammation be also excited in the peritoneum, and dangerous symptoms follow. A well-fitting truss will sometimes secure separation of the cavities.

The radical cure by hydrocele is accomplished best by one of the following operations, my prefer-

ence being decidedly for the latter: The *seton* has long been used, and consists of a number of strands of silk or wire, or a strip of braid or muslin, which are carried through the tumor by means of a trocar and canula, they being pushed on after the evacuation of the contents of the sac. This seton is allowed to remain in position from 24 to 48 hours, or until sufficient inflammation has been excited to compel the obliteration of the serous cavity.

The treatment of *injections* has also been practiced for a long time, and when rightly performed is almost always successful. In performing this operation, the liquid should first be thoroughly drawn off by a trocar and canula, in order that the injected material be not diluted by the contents of the sac, and then ʒii. to ʒiij. of undiluted tincture of iodine thrown in by means of a syringe fitted to the canula, which iodine is allowed to remain until taken up by the absorbents. The resulting inflammation is usually just sufficient to modify the sides of the cavity, and a permanent cure is effected. The presence of this iodine occasions considerable suffering for a few moments, and the patient will complain of pain along the course of the genito-crural nerve, as far back as the spinal cord; but this gradually passes away, and the trouble is inconsiderable after a few hours. The patient should be kept in bed for several days, lest the inflammation be too severe.

It was formerly customary to inject several ounces of some stimulating material, and, after allowing it to remain for several minutes, to withdraw it through the canula; but I consider the strong iodine treatment far preferable to any other. These substances used were wine, alcohol, alum, tannin, nitrate of silver, camphor, all appropriately diluted with water.

[Several ounces of straw-colored liquid were then drawn off, and ʒij tincture iodine thrown into the cavity, and allowed to remain. The scrotum was then suspended and the patient sent to bed for several days. DE. F. W.]

I have next to show you the patient upon whom we operated last May for

Epithelial Cancer of the Penis,

a portion of the organ being amputated at that time (Vid. REPORTER, Vol. xxiii, No. 2). He now comes to us complaining of difficulty in passing his water, saying that it will only appear in a very small stream. Upon examination I find that the cicatrix has so contracted the orifice of the urethra as to almost occlude it, and here is evidently the seat of the trouble. I shall, therefore, simply incise it and direct the man to use a steel bougie each day until all contraction has ceased. Upon examination of the inguinal glands I find on one side that they are considerably enlarged and are quite hard, showing that there is a tendency to a return of the disease, which event will ultimately undoubtedly occur; still, our operation has rendered him comfortable for a number of months, and has added to his term of life.

My hour having nearly expired, I will simply, in conclusion, show you a case (a private patient of Dr. Garretson's) which is of interest from the fact that such slight consequences followed the reception of a severe injury to a membrane which was formerly considered so prone to take an inflammatory action. The man received a

Stab in the Abdomen

some few weeks since, the wound being several inches in length, and from this wound a considerable portion of the omentum protruded; and not only did it protrude, but it was afterward torn and bruised in a shocking manner. It was cut off and allowed to remain in the wound. The case progressed favorably in every respect, and now, although so short a time has elapsed since the reception of the injury, yet the man is in apparently good health, and says he suffers no inconvenience whatever. It is but seldom that the peritoneum will bear such rough treatment without resentment, but this and other reported cases give us better hopes of recovery from these wounds than was formerly entertained.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

June, 1870.

Case of Encephaloid Disease.

BY C. S. MUSCROFT, M. D.,
Surgeon to St. Mary's Hospital.

(REPORTED BY J. W. HADLOCK, M. D.)

The patient, in this case, was a German, and by trade a tailor. He came under my care on the 31st day of last March, and presented the appearance of one who had emaciated rapidly and suffered much from the effects of disease and pain. The disease commenced in the left hip joint, and by rapid growth filled the cavity of the pelvis and part of the abdominal cavity. He suffered very much from pain in the left hip joint, which swelled somewhat, and a small tumor made its apearance over the lower part of Poupart's ligament of the same side. It was of a pale blue color, firm to the touch, and seemed to dip down into the pelvic cavity. Pulsation of the femoral artery could be traced over the tumor until it became the external iliac. Pain was not much increased by gentle restricted motion or percussion over the great trochanter or at the knee. He could lay more comfortably on the right side with his knees drawn up, but could change his position to the left side, or lay upon his back for a short time with comfort. He said his last medical attendant called his case one of hip-joint disease.

His first indisposition came on on the 26th day of last December (previous to which he had enjoyed

good health), commencing with pain in the ankle and knee joints, and in a short time extended to the hip. He was then treated for inflammatory rheumatism.

After he had been in the hospital a few days he had retention of urine, which could not be relieved without circumcision first being performed; the orifice of the prepuce being so small from congenital phymosis that a small probe could not be passed through it. After introducing the catheter into the urethra, great obstruction was found at the neck of the bladder, and in order to pass this obstruction it became necessary to introduce the index finger into the rectum. The finger at once came in contact with a tumor coming from the left side of the pelvic cavity and pressing firmly upon the rectum and neck of the bladder.

After the catheter was introduced into the bladder its orifice was directed over the left thigh, whilst the point of the instrument in the bladder was pushed over to the right iliac fossa. This examination revealed the true nature of the disease—encephaloid (cancer), and it was evident the tumor felt through the rectum was only a continuation of the one presenting in the groin, and having its commencement in or about the hip joint. The case was watched with great interest, the growth of the tumor being very rapid.

As that portion of the tumor above Poupart's ligament increased, the external iliac artery could be felt to pulsate three or four inches above the groin.

Drs. Wood, Blackman, and other medical gentlemen of the city, saw this case with me, and all agreed in the diagnosis I had made.

For several weeks previous to his death he had involuntary discharges both from the bladder and bowels. Before death occurred the tumor had extended from the left to the right iliac fossa, completely filling the true and false pelvic cavity, and encroaching into the abdomen. For several weeks prior to death the left thigh and leg was œdematous until the last week, when the œdema had nearly subsided, leaving the great trochanter and the upper end of the femur covered only by the skin and external fascia for the distance of three inches. His death occurred on the 3d of June. The last three weeks of his life he laid constantly on the right side, with the legs flexed upon the thighs, and thighs upon the pelvis. The duration of the disease from the first symptoms recognized was five months and nine days. I should add here that Dr. W. Carson, of Good Samaritan Hospital, made the autopsy of the case.

Dr. M. also reported the following case of

Ovariotomy.

Mrs. H., æt. 36 years, a German, thought she had an abortion four years ago, at about the first month of pregnancy. Soon after she observed a small tumor in the right iliac fossa, which gave her some uneasiness, for which she consulted the late Dr. Geo. Fries. The tumor remained small for about three years, when it commenced growing and producing more discomfort, but not at any time severe pain. By this time (April, 1869,) the swelling had extended to the right hypochondriac region, where she felt a sensation at different times as though something moved within her like a living body, and thinking herself the subject of tape-worm was treated for its expulsion.

When I first saw the case (last August), the abdomen was much enlarged, with a tumor occupying the middle and right side; extending from the pelvis to the right hypochondrium. A division of the tumor about its middle, between its upper and lower extremity, could be readily noticed.

The enlargement of the abdomen presented the appearance of pregnancy at about the sixth month. Physical examination of the neck of the uterus revealed it to be elongated and narrowed, the anterior lip being much the longest. The uterine sound passed to about the distance of two inches. Tumor could be easily felt through both anterior and posterior vaginal walls and through the anterior wall of the rectum, and also by the catheter in the bladder.

The general health was sought to be improved by appropriate treatment, and to keep the tumor (which was supposed to be a multilocular ovarian cyst of the right ovary), in check. I saw the patient regularly for five months, during which time there was no perceptable enlargement of the tumor.

The patient did not present herself to me again for some months, when, upon an examination, the abdomen was found to be much increased in size, with a more regular outline, and having the appearance of great ascites collection.

Careful examination revealed two tumors within the fluid, one occupying the lower and the other the upper half of the abdomen, both being situated more to the right than to the left side. Either tumor could be readily moved from side to side, past the other, yet it is quite likely they were connected. With the finger introduced into the vagina or rectum, the movements of the lower tumor could be distinctly felt, by making pressure upon the abdomen, and moving the tumor from side to side; but when pressure was made upon the upper tumor, no such movement could be felt. There was no œdema of the extremities. She was now frequently distressed from difficulty of breathing, and came to the conclusion that unless she could have relief from surgical aid that life would be such a burden she would rather die from the effects of an operation, which gave some hope of relief, than live to be a source of trouble to others and a misery to herself.

After making herself and her husband *fully*

aware of the fatal consequences which might follow, I decided upon making, at least, an exploring operation, and carrying it as far as the circumstances would justify.

By invitation, Profs. Blackman, Wood, Dawson and several other medical gentlemen were present, all of whom agreed that an operation was justifiable.

On opening the abdomen, three large cysts were found containing between two and three gallons of fluid, which was drawn off, when two solid tumors were found attached to the left ovary. They had numerous attachments. The largest tumor had a pedical about two and a half inches in diameter, which was firmly ligated; the pedical of the small tumor was small and not difficult to ligate. The patient bore the operation well, but died about 54 hours after the operation, I believe, from hemorrhage from adjacent parts which were wounded by breaking the tumors loose from their surrounding attachments.

[In commenting on this case in the Academy, Dr. W. W. Dawson expressed the opinion, that if the pedical in these cases was severed slowly and by degrees, with the *ecraseur*, that the tendency to hemorrhage and death therefrom, would be greatly lessened. J. W. H.]

Editorial Department.

Periscope.

Cancer of the Larynx.

Mons. Desormeaux, in an essay on cancer of the larynx, quoted in the Boston *Med. and Surg. Journal*, arrives at the following conclusions:

"1st. Cancerous tissue of the larynx, being generally, if not always, composed of epithelial tissue, which offers greater chances of cure than true cancerous growth, one should never hesitate to operate for their removal when entire extirpation appears possible.

"2d. The symptoms manifested, the progress of the disease, and especially examination by means of the laryngoscope, will enable us to reach an almost positive diagnosis; and supposing even that there be an error in determining the nature of the morbid growth, the moment the tumor threatens suffocation to the patient there is an indication to resort to an operation, provided it be impossible to destroy the growth from above.

"3d. This operation is laryngotomy. We should not hesitate to freely open the parts, in order to attack the tumor with advantage and to effectually destroy it.

"4th. The danger in laryngotomy is slight. The fear of changing the voice, even of inducing complete aphonia, should not deter when the disease in question necessarily terminates fatally.

"5. When the affection originates in the larynx, removal may be attempted whenever it has not extruded above the upper orifice, a point to be determined by the laryngoscope, and so long as it has not broken through the cartilaginous case which for a long time resists its inroads. This last stage of the disease is recognized by the increased size of the larynx, and by an irregularity of form and an abnormal firmness.

"6th. When these symptoms make it clear that complete extirpation is out of the question, or when the adjacent glands are enlarged, tracheotomy is the only resort, in order to avoid suffocation and to prolong the life of the patient.

"7th. After laryngotomy, and the destruction of the tumor, a tube should be kept in the trachea long enough to make sure that there is no recurrence. The opening thus maintained allows free exploration of the larynx from below upward, and the cauterization of doubtful points; and moreover, if the necessity for laryngotomy recurs, it simplifies the operation."

Caution in Prescribing Strychnia.

A recent number of the *American Journal of Pharmacy* has an article by Mr. Charles Bullock deserving of careful reading. A physician, in a case of paralysis, gave the following prescription:

℞. Strychniæ muriat., gr. iss.
Liq. ferri iodid., ℥vi.
Syr. zingiberis, q. s. ut ft., f.℥iij. M.
Sig.—Dose a teaspoonful.

The whole of this prescription was used as directed, and the bottle returned to the druggist, by order of the physician, for renewal of the medicine, the dose on renewal being increased to one and one-half teaspoonful. This was taken with apparent benefit to the patient, until the last dose, exhausting the contents of the bottle, was given. About an hour after, while at a meal, the patient complained of strange sensations, and was soon affected with tonic spasms, which are described by two medical gentlemen, who were called in, as well-marked results of an overdose of strychnia. Proper

remedies were promptly used, and the spasmodic action passed away, leaving the patient able to speak, but greatly prostrated, and, failing to respond to stimulants, death ensued in a few hours.

The bottle appeared to have been drained of its contents to make up the last dose; adhering to the bottle were well-formed crystals, some of them about a line in length and one-fourth line in thickness. Unfortunately, no chemical analysis was made to determine whether the crystals were *undissolved* muriate of strychnia or iodide of strychnia. A microscopical examination failed to carry much weight, on account of the destruction of the form of the crystal by washing previous to mounting, the size of the crystal not being accepted in evidence, as crystals of iodide of strychnia were shown nearly as large, made by simple deposition from a warm saturated solution.

The pharmaceutist by whom the prescription was compounded testified "that he weighed out the muriate of strychnia, threw it into a graduated measure, added the two other ingredients, and stirred them up with a bone spatula until he thought the strychnia had all dissolved, as he could see no undissolved crystals or solid matter." To a question, he replied that he noticed an opalescent appearance, resembling a quinine mixture.

So much for the history of the case. We now wish to make some remarks on the chemical and pharmaceutical character of the prescription, and throw out some thoughts on prescribing and compounding, as suggested by this case.

Muriate of strychnia is not official in the U. S. nor British Pharmacopœias, and is rarely prescribed. It is much less soluble than the sulphate, requiring 50 parts of water, at 71° F., for solution (Gmelin's Handbook).

When a drop of syrup of iodide of iron is added to a cold saturated solution of muriate of strychnia, the insoluble iodide of the alkaloid is immediately formed.

On page 1418 of the U. Dispensatory, 13th edition (1870), after quoting from this journal the experiments of BOUCHARDAT and GOBLEY on the insolubility of iodine combinations with strychnia, the authors add: "But though this fact *establishes the impropriety of combining solutions of iodine and strychnia in prescriptions*, yet it by no means justifies the inference drawn from it, that iodine might serve as an antidote to strychnia. Indeed, the contrary has been proved by the experiments of Mr. S. DARBY, who found the precipitated iodide of strychnia was highly poisonous to the lower animals, &c."

We have, in the above quotation, information given regarding the insolubility of iodide of strychnia and the impropriety of prescribing iodine and strychnia solutions in combination.

It is clearly the duty of the pharmaceutist to see, when potent remedies are prescribed in solution, that the *solution is complete*. He ought, also, if allowed to dispense such articles, to be informed regarding the decompositions liable to occur, and if possible guard against mischief likely to result therefrom, or else return the prescription to the writer, with his objections clearly stated. He should also notice, when such a prescription is returned for renewal, whether any deposit has taken place in the bottle, and remove it by washing should such be the case. The question whether it is his duty to mark the bottle "shake well," when the recipe gives no such direction, is one admitting of different opinions; but we think, when so marked, the error, if any, is on the side of prudence.

We would suggest to physicians, when prescribing a remedy like strychnia in solution to its usual *full dose*, to prescribe it alone, and to give *separately* whatever else may be deemed advisable. We have in our experience been made aware of changes unforseen and unknown to us until the event developed the facts.

Injections of Warm Water into the Tunica Vaginalis in Hydrocele.

The Boston *Medical and Surgical Journal* translates the following from the *Gazetta Clinica di Palermo*, No. 1, 1870: By Prof. ALBANSEE.

In the cure of hydrocele surgeons have, after the evacuation of the fluid, employed various means for the production of adhesive inflammation. The injection of iodine has long been used with good effect; but while some have sought for means of more active irritation, others, as Dr. Albansee, have employed methods more simple in their action. Prof. Albansee has studied the action of injections of air in the tunica vaginalis. Having employed them in twelve cases, he has not found any marked advantage.

In another series of experiments he has used injections of water at a temperature of 40° to 45° centigrade (107° to 113° Fahr.). The phenomena which immediately follow the operation are a trifling feeling of burning in the part, a moderate inflammation with a new effusion of fluid, and a rapid absorption. The injection of warm water has been used with success in a hydrocele which had resisted the employment of iodine. In only one patient has a suppurative inflammation occurred, and this was very probably caused by an infiltration of the water into the subcutaneous tissue of the scrotum.

CASE I.—Right hydrocele, of three years' duration, in a man 40 years of age. Puncture and injection of water at 45° cent.; retained for two minutes. There was a very limited suppuration of the subcutaneous tissue. Cured in twenty-three days.

CASE II.—Patient 23 years of age. Right hydrocele of two years' standing. There had been two

punctures, in the first of which iodine had been used, and, in the second, insufflation of air. A puncture was made and 300 grammes of water at 42° cent. injected. The sac of the hydrocele contained 3 decilitres (10 ounces) of an albuminous fluid. Cured in eight days.

CASE III.—A man 55 years of age; left hydrocele of a year's duration. Cured in eight days.

CASE IV.—Right hydrocele and left hydro-sarcocele of syphilitic origin. Cure equally rapid.

CASE V.—Patient 56 years of age. Right hydrocele of five years, having already been treated by injection of iodine. The patient went away after the operation, and the result is unknown.

In three other cases a cure resulted without accident.

Dr. Albansee is induced by these cases to look favorably on the injections of warm water. They have certainly the merit of being more easy of application than the injections of iodine, but it may be questioned if they are, in all cases, equally reliable.

Certain Disorders of Nutrition Resulting on Lesions of the Nerves.

The Paris correspondent of the *Medical Press and Circular*, speaking of M. CHARCOT'S recent lectures at the Hospice de la Salpêtrière, says:

M. Charcot, in his second lecture, observed that the experiments of Erb Ziemssen and Weiss have recently thrown great light on this subject by certain experiments on rabbits, whose nerves were wounded, and in which daily observations were made as to the modifications of electric contractility, which ensued in the nerves and the muscles, under the influence of continuous currents and of faradisation. If the sciatic nerve of a rabbit be wounded severely, we observe almost at once a loss of electric excitability, whether recourse is had to faradisation, or to galvanisation, and, whilst it returns slowly at the centre end, it is rapid at the peripheric end. If the lesion be slight, the electric excitability returns quickly in the central end, and never completely fails to exist at the peripheric end. With regard to the muscles, faradisation shows from the very first day a diminution, and, a few days further on, a loss of contractility. Galvanisation denotes, during the whole of the time which corresponds to the depression of faradisation, an exaltation which in its turn disappears, when faradisation becomes powerful again.

These facts are relative to conditions comparable with those which pathology presents us with. The above-mentioned observers operated as follows: Almost always they applied upon the nerve a ligature more or less tightly drawn; or, again, they produced, by means of forceps, a more or less marked crushing of the nerve. Their experiments also show that, if a nerve is cut through or excised for a few lines, then the electric contractility diminishes in a progressive, although very slow, manner. It requires two or three months for it to disappear, and not only five to fourteen days, as when it was crushed. In this case, too, we no longer notice that opposition between faradisation and galvanisation, which was remarked when the nerve was crushed, and exists in most pathological cases. The two modes of exploration produce exactly parallel results; the faradic contractility and the galvanic contractility became weakened together, and are together reproduced in their first intensity when the nerve is restored.

With regard to the disturbances of nutrition, which ensue after lesions of the spinal cord, the skin, the joints, the bones, and the viscera themselves may, generally speaking, become the seat of derangements of nutrition, consecutive to lesions of the spinal cord and of the brain. There are some special affections which very rapidly cause all modes of muscular alteration, whether functional or organic, which lesions of the nerves have made us acquainted with. On the other hand, there are some in which electric contractility and the nutrition of the muscle preserve them in a condition of perfect integrity, during a considerable space of time, months, or even years. The muscle, in the latter case, only becomes altered after a long time, under the influence of prolonged rest. In the first class, we range the spinal diseases which do not directly modify the structure of the muscle. These are tumors, Pott's disease, partial myelitis. In these cases we have to do with very circumscribed lesions of the spinal cord, and only affecting a very limited portion of the gray substance. Next come even very extensive lesions of the white columns, provided that the gray substance be not attacked to a certain extent. I will cite, as specimens of the last class, all the riband-like scleroses of the posterior or lateral columns, or the sclerosis which occurs in disseminated plates, and even inflammatory softening of the cord. The second group comprehends those affections of the cord which may be followed by grave and almost immediate modification of electric contractility, and by rapid atrophy of muscles. In cases of lesions which are confined to a focus, or, being diffused, affect a great extent of the gray substance of the cord, as in spinal apoplexy, we may see very rapidly occur diminution or even loss of the electric contractility in the muscles of the paralysed limbs. This has been observed in fourteen days. As this is a disease which in general proves rapidly mortal, we have frequently occasion to remark as its consequence either atrophy or degeneration of muscles.

Central myelitis sometimes attacks both the white and the gray matter of the cord, but it always predominates in the latter. This lesion has for one

of its symptoms the diminution or prompt abolition of electric contractility. In a case of this kind an observer, Maunkopf, saw the contractility modified as soon as the seventh day. When the patients survive, it is easy to follow the progress of the other correlative phenomena; atrophy is rapid and the muscles soon are degenerated. According to Engelken and Maunkopf, the muscular lesions consist in a prolification of the connective tissue. The nerves have always been found healthy. Fractures of the vertebral column sometimes are followed by myelitis. It is not attonishing that, in such cases, there is noticed sometimes a prompt diminution of the electric contractility.

The second category is composed of affections arising from more delicate lesions in which are exclusively affected, at least at the beginning, certain elements of the cord, *e.g.*, some of the great nerve-cells of the anterior cornea. These are usually irritative lesions. In such cases the white matter of the cord is ordinariiy intact. The type of affections of this nature is infantile spinal palsy. In this disease we may remark setting out from the fourth day, a diminution, and shortly after a complete loss, of the faradic contractility in certain muscles. Soon, also, there is observed muscular atrophy, which progresses rapidly. Some histological observations which require verification announce, in such-like cases, the simple atrophy of the primitive fasciculi with persistence of striatum. It is not known whether prolification exists; but, at any rate, the loading with fat observed sometimes in very old cases, is probably consecutive. Around this type we may be permitted to group: 1. Spinal palsy; 2. General spinal palsy—a disease recently described by Duchesne. Its evolution is slower than that of the described diseases, but it furnishes, as far as the muscles are concerned, analogous results. Is now the law of Brown-Séquard applicable to these facts? With respect to the first group, there is no contradiction. The riband-like scleroses which do not produce rapid disturbances in nutrition, are, it is true, irritative lesions, but they affect the white columns. Now we must consider the spinal cord not as we do a great nerve; the cord, we must not forget, is also a centre. The white cords are never the direct continuation of the nerve trunks, they are comissions established between the cells. Besides, we know that the white columns are gifted with properties very different from those of the nerves which issue from them.

With regard to the diseases which compose the second group, it is indispensable to remind ourselves that the lesions attack here always principally and exclusively the gray matter. In the substance are found some elements, true orgasis, which appear to be in immediate communication with the nervous filaments, composing the anterior spinal roots. I refer to the large nerve-cells of the anterior cornea. Well, the lesions of these cells, when of an irritative nature, determine—not to mention anything but the muscles—effects analogous to irritation of the nerves.

On Edible Earth.

Prof. C. W. C. Fuchs, in the *Verhandlungen des Natur-historisch Medizinischen Vereins* zu Heidelberg, Vol. 5, No. 3, says:

To the list of the earth-eating people the Javanese must be reckoned; a fact brought to our knowledge by Alex. Von Humboldt. From the specimens which I have had the opportunity of seeing, it is to be inferred that earths of very different external appearance and of different character are eaten. One deposit of such edible earth, possessing an intensely red color, exists in the neighborhood of Sura Baja, between strata referable to the time of the latest tertiary.

This earth is formed into thin cakes, having a diameter of from 1–1½ inches; it is then dried over an open fire, and in this condition is brought into the market. It is perfectly smooth to the touch, and is composed of materials in the finest state of subdivision. By a chemical analysis, to which I subjected it, after removing the thin stratum of soot, which settles upon it during the process of drying over the fire, I convinced myself that it does not contain the slightest trace of an organic substance. The analysis gave the following result:

SiO_2	50.63
AlO_3	21.32
FeO_3	10.47
H_2O	12.97
CaO	2.40
MgO	0.33
K_2O	1.02
Na_2O	0.23
	99.37

Of the water, 6.36 per cent. was driven off below red heat. The remaining 6.61 per cent. disappeared only when the test portion was heated to bright redness. From the analysis it is apparent that the earth consists of a clay rich in iron; in which is still retained small quantities, yet undecomposed, of the minerals from which it derived its origin. In this way the trifling per centage of potassa and soda may be accounted for. Taking away the accessory alkalies, and so much of the silica as they demand, there remains behind a clay of the formula:

$$H_2 (Al, Fe) Si_2 O_8 \times H_2 O.$$

Humboldt suggested that the probable explanation of the earth-eating habit might be found in the desire to fill the stomach, and thus, in a measure, to allay the pangs of hunger. This view of the subject may be satisfactory when applied to those rude people who devour it in great quantity; but it will

not apply to the case of the Javanese, who make use of but trifling quantities. With these it is much more probable that the physical properties of the earth alone are sufficient to furnish the cause we are seeking.

Upon rubbing it, not the slightest grittiness is perceptible, and on being moistened with water it forms a smooth and unctious mass. The enjoyment derived from eating it seems to reside in the similarity of the sensations it produces, with those derived from the eating of fatty substances. In many parts of Würtemberg the quarrymen have the habit of eating the smooth, unctious clay which collects in the fissures of the rocks. The term "Mondschmalz," which they apply to it, would seem to refer to the enjoyment they experience in the process of eating.

Neuralgia of the Jaw-Bones.

Prof. GROSS says (*Am. Journal Med. Sciences, and American Practitioner*): "There is no form of neuralgia of the jaw-bones which, as far as my information extends, has not hitherto been described. Its seat is in the remnants of the alveolar process of edentulous persons, or in the alveolar structure, and in the overlying gum, and is met with chiefly, if not exclusively, in elderly subjects. It is more common in the upper than in the lower jaw. The part affected is usually very small, often not exceeding a few lines in extent. The soft tissues around do not seem to suffer, at least not in the same degree; on the contrary, the morbid action is generally limited to the osseus structure. In rare instances there may possibly be some insolvement of the gum, which is nearly always exceedingly hard and dense, grating more or less under the knife, and adhering with extraordinary firmness to the atrophied alveolar process beneath. The pain is generally paroxysmal, coming on in fits and starts, very much as in ordinary neuralgia, the slightest causes being sufficient to provoke it, as talking, mastication, the contact of hot or cold fluids, deglutition, or mental excitement. Sometimes it is momentary, coming and going with the rapidity of lightning; occasionally it lasts for hours together, and cases occur, although they are rare, in which it continues, with but little mitigation, for an indefinite period. The pain varies in character; thus it may be sharp and darting, dull, heavy, aching, boring, or gnawing. Pressure generally relieves rather than aggravates it. Now and then, when it is uncommonly severe, there may be more or less spasm of the muscles of the face, but this is rare. The pathology of the affection seems to be compression of the minute nerves distributed through the wasted alveolar process, dependent upon the encroachment of the osseous matter upon the walls of the canals in which they are naturally inclosed. The disease usually comes on gradually, and proceeds from bad to worse until, in many cases, the suffering is rendered nearly intolerable. The only effectual remedy is excision of the affected alveolar process. No particular attention need be bestowed upon the after treatment. A mild course of chalybeate tonics may be required when the patient is anæmic, or affected with flatulence and indigestion."

Reviews and Book Notices.

NOTES ON BOOKS.

Mr. CAMPBELL, of Boston, the publisher, sends us the second volume neatly bound, January to July, 1870, of the Journal of the Gynæcological Society of Boston. This journal, it is known to our readers, is issued monthly under the editorial supervision of Drs. WINSLOW LEWIS, H. R. STORER, and GEO. H. BIXBY, and we may say here *sotto voce*, that it is about the *spiciest* journal that we wot of. The bound volumes are furnished at $2.50 each.

The second number of the *Archives of Ophthalmology and Otology* is very rich in material of special interest to those engaged in these specialties. It contains 26 articles by prominent American and German writers on these topics, many of which are beautifully illustrated with superior wood cuts and lithographs. The *Archives* is edited by Prof. H. KNAPP, M. D., of New York, and Prof. S. MOOS, M. D., of Heidelberg, and is published simultaneously in English and German, and issued in the best style. It is published in New York by Wood & Co.

An interesting pamphlet on the "Physiological Action of the Nitrous Oxide, as shown by experiments on man and the lower animals," by Dr. R. AMORY, of Brookline, Mass., has been republished by the New York *Medical Journal*. It is enriched by a number of sphygmographic drawings. Price 50 cents. Published by James Campbell: Boston.

As an evidence of the general favor with which Dr. FORWOOD'S valuable work on the MAMMOTH CAVE, of Kentucky, has been received, we need only state that the first edition was exhausted in about six weeks from the date of its issue, and that a new edition is now ready for delivery. The rapid sale of the first edition has enabled the author to reduce the price to $2.00 per copy, post paid. All orders sent to this office will receive their attention.

Hearth and Home, one of our most valued exchanges, one of the best family papers published, has passed into the hands of Orange Judd & Co. It has been so good that we hardly know how it can be

made better—but, if any one can improve it, Orange Judd is that man. $3.00 a year; $2.50 with THE REPORTER.

The *Galaxy* is one of the best, most vigorous, wide awake, monthly literary magazines. The New York *Evening Mail* says of it:

"In the good sense of the word it has shown more of the spirit and enterprise of 'Young America' than any other of the monthlies. It has not refused the aid of the old and well-known writers, but it has never hesitated to give its imprint to articles of originality and merit from those who had to make their reputation through the *Galaxy*. It violated all the old magazine precedents by publishing the names of contributors, thereby offering fresh incentives to young writers and enlarging its list of 'available' articles, by absolving itself from full responsibility. The reform which it thus began its contemporaries have been forced, one by one, to adopt in one way or another.

"Its editors have also shown their enterprise in procuring articles on fresh and timely topics. The *Galaxy* has thus had something of the fresh and lively interest of the newspaper. Lately it has brought about the discussion of important historical and political questions by men of high official standing, and thus, in another way, enlarged its interest; while such articles as those of Justin McCarthy on foreign politics and notabilities have been equally interesting and instructive."

From statistics published in the *American Publisher and Bookseller*, we learn that the publication of medical books in the United States is decreasing every year. The figures representing the number of works published in 1868 and 1869 are respectively 97 and 89. While the issue of publications on art and literature have fallen off in the same period, the number of works of fiction has increased by more than one-fourth. An ominous index of the degenerating tastes of our day.

There has been somewhat of a revival of medical literature in Spain. Among recent acquaintance we may notice the *Pabellon Medico* as conducted with much spirit, and the *Gaceta Medica de Granada*. Spain has now about half a score of medical publications which follow pretty closely in the track of science. Of those of our contempories whose appearance we miss during the current year we may mention with regret the *Escholiaste Medico*, the best known medical periodical of Portugal, which has come to an end after a career of twenty-six years' duration under the auspices and support of the government, and under very talented direction. We can say scarce less of the *Hygiene Militar* in Madrid, also in connection with the army, which, after a shorter term of existence, came to an end in Spain a year previous, though maintained throughout with much ability. Both these governments deserve credit for advanced undertakings, in which we lament to have seen less perseverance in their original views.

The latest of all the directions of hygienic literature is certainly a French book on the "Hygiene des animaux" by André Sanson. The author does not occupy himself so much with the means of preserving the health of animals as with the means capable of rendering them healthy or diseased, to the extent most conducive to the profit of their proprietor. It is, therefore, a treatise on hygiene devised from the point of view of the breeder, not of the animal.

We have received from the agent "An Account of the Medicinal Properties of the Healing Springs, Bath county, Va., to which is added a few certificates of cure." There is no doubt of the high value of the mineral springs of Virginia, but we do not like the style of the pamphlet, with its certificates of cures and its exaggerations.

The *Journal of Speculative Philosophy* is now in the fourth year of its existence—an unusually long life for a periodical of that class. In the last number F. A. Henry discusses the speculative phases of "The Finite and the Infinite;" W. R. Walker continues his translation of the famous Mediations of Descartes; Mr. Harris, the editor, contributes a translation of Hegel's Exposition of the Philosophy of Plato, and commences a series of "Contributions to Philosophy" designed for new beginners; D. J. Snider translates from Rosenkranz some remarks on Gœthe's Social Romances; Mr. Kroeger furnishes two translations—one a characterization of Beethoven's *F* Minor Sonata by Marx, and the other an Art-criticism of the Book of Job by Herder.

The work is published by Wm. T. Harris (Box 2398, St. Louis, Mo.), at $2 per year.

We have taken much interest in the various numbers of this journal, but regret that it is not conducted more in accordance with the views of modern scientific psychology. We wish to see in it more original matter, more modern facts, and less of the *bis crambe repetita* of the German ideologues. It neglects altogether the researches of the last score of years, and is a truer representative of the metaphysics of 1840 than of 1870.

The firm of J. B. Lippincott & Co. have commenced the publication of two new medical periodicals. One is the *Photographic Review of Medicine and Surgery*. It is to be a bimonthly, each number containing four photographic plates with notes and remarks. Subscription, $6 a year. The other is a biweekly called the *Medical Times*, intended to be especially an organ for Philadelphia and its schools. Its first number has appeared, and is creditable in appearance. Terms, $4 a year.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 8, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

AN EXTRAORDINARY GENERAL ORDER.

We were surprised, not long since, at seeing a general order from the headquarters of the army, which virtually constitutes the captain or lieutenant commanding a company its chief medical officer. The order referred to is General Order No. 75, current series, and is dated Washington, June 23, 1870, and reads as follows:

"By direction of the Secretary of War, the annexed form of company sick report is adopted for use in the army.

"Blank books, with the prescribed form will be furnished by the quartermaster's department.

"By command of General Sherman.

"E. D. TOWNSEND,
"Adjutant General."

The form referred to, after the customary headings for the entries by the first sergeant and by the surgeon, has the following printed statement, to be signed as directed by the note:

"The above cases have been examined by me *before* being sent to the surgeon.

_____, _____,

"Captain (or Lieutenant) Commanding Co.

"The examination may be made and this list signed by any commissioned officer of the company."

The effect of this extraordinary order is that no enlisted man can have the privileges of medical attendance, either in quarters or in hospitals, unless the commissioned officer who has charge of the company—who has not, and don't profess to have any tincture of medicine or surgery—diagnoses his complaint to be real and of sufficiently grave character to require treatment!

We venture to say that there is no other army in the civilized world where the line officers are thus constituted *ex-officio* surgeons, and where the men are thus deprived of medical aid through the ignorance of their superiors—an ignorance not at all blameworthy.

We are very confident this order was issued without consultation with the Surgeon General, or any of the distinguished members of our army medical staff. It is altogether too conspicuous a solecism in professional science to meet with approbation from experienced surgeons.

If such an order had been in force during our civil war, the mischief it would have worked would have been great and manifest. As it is, the limited numbers in our regular army, and the intelligence of the line officers, we doubt not, will combine to conceal its bad

tendencies. But that is an unwise arrangement which would fail on a large scale and which depends on temporary conditions.

Moreover, it conveys nothing short of an avowed suspicion of the ability or honesty of the attending surgeon, and, therefore, is an insult to the medical staff at large. The result of such arrangements will be that the medical corps of the army will be deserted by its best men, and no enterprising and ambitious young surgeons will be found to accept positions which notoriously expose them to injurious and degrading suspicions.

Notes and Comments.

☞Mr. JOSEPH H. SWAIN will call on a portion of our Philadelphia subscribers, beginning next week. This will be his *twelfth* visit to some of them, his first connection with THE REPORTER dating from October, 1858. Mr. Swain will receive also any *new* names that may be handed to him.

☞We have effected very complete arrangements for Medical Society and Clinical Reports in this city, and items of special interest to our Philadelphia readers. In this department of work we shall have the aid of Drs. RALPH M. TOWNSEND and DE FOREST WILLARD. Very little space, however, will be occupied with anything that will not be of equal interest to *all* our readers, whether they reside in this city, Iowa, Georgia, New Mexico, Montana, Texas, or Idaho.

The Medical Institute.

Those of us who are growing into the "sere and yellow leaf," remember the old "Philadelphia Institute," founded, we believe, by Chapman, Hodge and others. We hold its diploma and are proud of it. For many years it disappeared from the list of preparatory medical schools in this city. We welcome it back, however, now under the guidance of Drs. HODGE, BOLLING and HUTCHINSON. Winter examinations and a summer course are given in connection with the course in the University of Pennsylvania. These gentlemen are all experienced teachers and lecturers.

Congenital Deformities.

We trust that our readers have not failed to read Dr. BATTSON'S very interesting article on Dropsy of the Amnion, in the two preceding numbers of THE REPORTER. In connection with the theory therein advanced, Dr. Battson says, in a letter recently received: "Since I wrote the article I have attended a very interesting case. A club-footed child had been born living, and I was sent for to deliver the placenta four hours afterward. It was adherent throughout the whole extent, firmly glued to the walls of the uterus. I introduced my hand and carefully and successfully extracted the whole of it. No hemorrhage. The old mid-wife had broken the cord short off. The previous history, pain and tenderness, pointed to placentitis."

Errata.

In Dr. BINKERD'S article in THE REPORTER of September 10th, the following errors occur: Page 201, first column, eighth line from bottom, read, "degree of *shock*," etc. Page 202, first column, ninth line from bottom, read, "*twenty*-two seconds of time." Page 203, tenth line from end of article, read, "*expensive*" instead of "offensive."

Quantity of Carbonic Acid Contained in the Air of School Rooms.

Dr. BREITING (*Chem. News*) made a series of fourteen experiments, beginning at 7:45 A. M., and continued to 4 P. M., in a room of 251.61 cubic metres' capacity, and containing 64 children. The quantity of carbonic acid contained in the air of that room during these experiments varied from 2.21 to 9.36 per cent., while free open air contains four ten-thousandths of that gas; and a quantity of 1 per cent. of the same gas present in air is considered injurious to health.

Purification of Chloral Hydrate.

Prof. F. A. FLUECKIGER states (*Pharm. Cent. Halle*) that much of the commercial chloral hydrate is impure, and unfit for use until purified. It is usually met with in irregular masses containing moisture, and having a sharp, pungent odor, indicating partial decomposition. The salt may be readily purified by dissolving it in *pure* bisulphide of carbon (soluble in forty-five parts of the menstruum at 18° C.) and allowing the salt to re-crystalize by the spontaneous evaporation of the solvent. The product appears in colorless prismatic crystals, not hygroscopic, and free from acid reaction.

Clearing of Muddy Water.

Dr. C. Schlœsing states, in an article in the *Comptes Rendus*, that waters contaminated by floating particles of clay may be readily clarified by small quantities of salts of lime. It is well known that the waters of rivers, after a heavy fall of rain or snow, and sometimes throughout the winter, do not become quite clean by deposition, even if left undisturbed in large reservoirs for a long space of

time. The author recommends the addition of 1-1000th part of chloride of calcium for one part of water (or 70 grains to the gallon), a quantity which effects clarification in a moment. The precipitated substance can be readily separated by filtration. Other salts of lime, such as the nitrate and bicarbonate, and caustic lime, effect the same object.

Domestic Homœopathy.

A correspondent of the *Homœopathic World* has carried his faith in the principles of the system to its logical conclusions, and is quite satisfied with the result. He is evidently one of the believers in the doctrine that trituration develops power, and this gentleman has tried the experiment on tea. He finds that 60 grains triturated to a fine powder will yield a better infusion than 75 grains treated in the usual manner. As a matter of course, too, the tea is more promptly prepared by using the leaves in powder; but as the trituration would occupy the same time, we cannot see much economy in this.

The *Melbourne Argus* recently contained the following paragraph, and in transcribing it to our pages we may add, that if this should meet the eye of the consignee of these antipodean leeches, we should be glad to see a few of them on their arrival, as from personal experience of their value we have a rather special affection for leeches generally: "Few persons have any conceptions of the magnitude of the leech trade. France is said to consume annually 100,000,000 of leeches. England and Germany the same, and other countries in proportion. From official statistics of France, Germany, Russia, Italy, and Turkey, it has been gathered that the prime cost of leeches sold in Europe exceeds 2,000,000*l.* per annum. Some parts of Australia abound with leeches, those which frequent the Murray river being preferred by the medical faculty to any other known specimen. They bite freely and leave no inflammatory wound or mark behind. They thus equal, if they do not surpass, the famed freckled leeches of Northern Europe.

Correspondence.

DOMESTIC.

Mother's Marks.

Eds. Med. and Surg. Reporter:

Whatever size my "bump" of casuality may be, I am confident that of marvelousness is small. I have no respect for the thousands of vagaries, born of ignorance and nourished by superstition, which have been handed down from mother to child and allowed to pass unquestioned until they are regarded as facts. In almost every grade of society we find, for example, a set of *lunatics* who can not do anything unless the moon is in the right phase. Splitting rails, sowing seed, weaning babies, and an infinite host of similar acts must not be commenced without first carefully consulting the almanac. I said I had no respect for such notions. I might say I have no patience with such nonsense. The science of medicine is far from free from these hereditary taints. One of the most popular and deeply-seated notions of this nature is the belief in the origin of mother's marks. Disapppointed desires, frights, and dreams are the principal causes assigned for these imperfections.

I am not surprised that persons, who, though educated and intelligent, consult "fortune tellers," should believe in the popular cause assigned for mother's marks; but I am frequently astonished to find medical men of fair reputations, if not actually countenancing these absurdities, certainly not trying to refute and enlighten. But recently in consultation with a physician of this city, in a difficult case of obstetrics, I noticed the nurse bathing the temple of the new born child with the blood from the placenta. On inquiring for the reason, I was informed by the physician it was to *cure a mother's mark!* As for me, I have as much faith in the cure as in the cause, as generally believed.

I had occasion, last winter, to attend a clinic at the Women's College in this city, when a case of nævus came up for treatment. I am glad to say, the professor of surgery gave no encouragement to the absurd theories offered by most of the students, but took issue with one of the woman professors, whose age and reflection ought to have taught her better.

In number 702 of The Reporter, a case of nævus is referred to, and this singular language is used: "Early in the pregnancy of the mother, she had an intense longing for the flesh of some beavers which her husband had killed and brought home. He refused to let her eat it." Is it possible the writer would have us believe that the "longing" or the "refusal" had anything to do with the deformity? It seems to me quite as reasonable to say that club-foot, hare-lip, six fingers, spina bifida, or any other malformation is caused by ungratified longings, frights or dreams. Is it not the duty of every physician to combat, explain and, if need be, ridicule every such evidence of ignorance and superstition out of society? I am not of that class who will not believe anything unless capable of explanation. I will believe the moon is made of green cheese if a series of uniform, consistent facts are presented to support that statement; or even that a grain of burnt clamshell can be divided into as many parts

as there are grains of sand in the whole earth, allowing the globe to be *all* sand, and still exert appreciable medical effects, but I will not believe it because some Rip Van Winkle says so.

C. H. MERRICK.

Cleveland, Ohio, Sept., 1870.

[Whether or not mental emotion can affect the nourishment of the fœtus and cause "marks," is still *sub judice*. Dr. Hammond, in an excellent article in the *Journal of Psychological Medicine*, says it can, and, our correspondent to the contrary notwithstanding, we agree with Dr. H. Last year, in the *American Journal of Insanity*, a writer took strong grounds against the doctrine. But it must be remembered, one positive instance outweighs a thousand negative ones. There are examples which, if they do not prove the doctrine of "mother's marks," show coincidences far more astounding than the doctrine itself. If our correspondent has not read Dr. Hammond's article, we recommend him its perusal.—EDS.]

"Those Worms" Again.

EDS. MED. AND SURG. REPORTER:

I notice in your issue of the 24th ult. a few lines of criticism from Dr. ELLIOT COUES. He says that "tape worms there are, and earth worms, and other worms; there is a worm in the bud, and a worm 'that dieth not,'" and finally becomes so condescending as to agree that there is a substance in the dog's tongue called a worm; but, continuing, he says, "the relation, if any, between this anatomical structure and hydrophobia awaits demonstration." Now I am well aware that "there is need of *more information* on the subject," and, for this reason, consider myself justified in retaining my opinion, until it has been proven by "demonstration" and "more information" to be false. When I sent *that letter* to be published I did not intimate that what I said should be received as a *fact* without further information on the subject; but I hoped it might lead to the discovery of a remedy which would prevent madness from occurring in dogs.

I spoke rather plainly, it is true, but my belief in the remedy was, and is still so great, that I could not speak otherwise; but, to return to my critic: "He regrets (poor fellow), that he can give no information on worms in *dogs tails*, as he has not yet investigated that kind of antero-posterior symmetry," which reminds me of the fellow who, when asked by a musician if he could play on the violin, replied that he did not know, for he never *tried*.

Perhaps my learned critic will condescend at some future time to investigate the "antero-posterior symmetry" of some canine, and thereby ascertain whether or no there is a substance resembling that found in the tongue, and which I call, for want of a name, *a worm*.

I agree with you, Messrs. Editors, that "the surgeons who would catch hold and operate upon a mad dog are extremely scarce;" but I can not imagine how such an idea occurred to you. I did not, in my letter, so much as intimate such a proceeding, as you will ascertain by examining it closely again; but I wished it understood that the operation was to be performed when the dogs were in a perfect state of health and free from hydrophobia, in order to *prevent them from taking the disease*, as I believed the operation would remove their susceptibility to it.

E. LYNCH, M. D.

Lancaster, Ohio, Sept. 28, 1870.

NEWS AND MISCELLANY.

—— We understand that Mr. FOUGERA, of New York, the well known French pharmaceutist, has given $1,000 toward the fund for the relief of the wounded of the French army, and offers to be one of one hundred more to raise $100,000 for the same purpose.

QUERIES AND REPLIES.

Dr. A. W. S., Pa.—What magnetic battery is the best for general medical and dental use, and what is the price?

ANS.—Kidder's, $20.

Are the French microscopes advertised by instrument makers, and costing from $5 to $10, worth anything?

ANS.—No; except for the amusement of children.

MARRIED.

JONES—JACOBS. At the residence of the bride's brother-in-law, J. H. Parsons, Esq., Ypsilanti, Mich., Sept. 22, 1870, by Rev. M. A. Hyde, officiating at St. Luke's, Miss Emma L. Jacobs, formerly of Guilford, Vt., and Samuel L. Jones, M. D., of Deerfield, Mich.

BAILEY—STORY. In Woodstock, Vt., Sept. 1st, by Rev. C. C. Thornton, Royal L. Bailey, of Vernon, Wis., and Miss Susan Lawrence Story, daughter of the late Dyer Story, M. D., of West Windsor, Vt.

LIVERMORE—CLARKE. At Paris, France, Aug. 30th, at the United States Legation, by Rev. Mr. Marshall, Frank Livermore, M. D., formerly of Cambridge, Mass., and H. Lalla, eldest daughter of W. H. Clarke, Esq., of New York.

MUDD—MERRELL. In Cincinnati, Sept. 21st, at the residence of the bride's father, by Rev. S. L. Spalding, Dr. Wm. A. Mudd, of New Haven, Ky., and Miss Mary J. Merrell, of Louisville.

PERRINE—BROWN. In Cincinnati, Sept. 20th, by Rev. Chas. L. Thompson, Wm. K. Perrine, M. D., and Miss Emma L. Brown, all of Cincinnati.

YOUNG—LOCKWOOD—At Riverside, Conn., by Rev J. S. Dodge, Dr. J. B. Young and Miss Carrie E. Lockwood.

DIED.

JONES.—At Washington, D. C., Sept. 19th, Louisa M. Jones, daughter of Dr. J. W. McMahon, of this city, and wife of J. Shipley Jones, aged 46 years.

REED.—In Barre, Vt., Sept. 16th, Mrs. Elsie M. Reed, wife of Dr. O. H. Reed, aged 37.

SARGENT—At New Brighton, Pa., Sept. 15th, Dr. John Sargent, in the 71st year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 711.] PHILADELPHIA, OCTOBER 15, 1870. [Vol. XXIII.—No 16.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Of Philadelphia.

(*Continued from page* 277.)

IX. LARYNGEAL ABSCESS.

Laryngeal abscess is a rare disease, and in most cases depends upon inflammation of the cartilages. The laryngoscope reveals it usually as a tense, shining, swollen condition of the mucous membrane, intensely red, and accompanied usually with severe symptoms, dyspnœa, aphonia, and dysphagia.

Dr. Marcet well describes a case of this sort occurring in his practice, that of a woman, æt. 20, who called upon him on the 7th of February, 1868. She had been suffering from hoarseness and loss of voice for the last four months, and now speaks in a whisper, which she considers due to sleeping in a damp bed; slight pain in the throat on the left side on swallowing, and feels as if there was something swollen there, interfering with the act of breathing. With the laryngoscope, the mucous membrane over the left arytenoid cartilage was very much swollen, occupying one-third of the breadth of the laryngeal opening; the swelling had the circumscribed and glistening appearance of an abscess. On the right side of the larynx the mucous membrane was red, the vocal cords had not their pale normal appearance; they were drawn toward each other, not moving at all freely in the act of respiration. A mixture containing iodide of potassium was prescribed; a solution of sulphate of iron to be injected into the larynx with Gibb's laryngeal syringe, and tincture of iodine applied every other day to the throat. Six days later she suddenly felt as if something gave way in the throat, and on coughing brought up a mixture of matter and blood. The next day her voice returned, although weak; it gradually improved, and on the 28th of February was tolerably strong. The larynx was examined on that day; there was no swelling to be seen; the mucous membrane of the right epiglottidean fold and false cord were red and relaxed; no ulceration; she was seen again on the 5th of June. Up to the previous fortnight, or for about three months, her breathing had been quite free and voice good, but with slight hoarseness; since then, however, respiration had again become difficult. She complained to me of pain in the throat, and air could be heard seething through the contracted larynx.

A laryngoscopic examination showed the left vocal cord to be partly out of sight, apparently on account of its conjested condition; the right cord was healthy; the mucous membrane over both arytenoid cartilages was much swollen, and a deep sulcus was visible between them; the vocal cords receded from each other imperfectly. A solution of nitrate of silver was applied to the larynx, and one of the sulphate of zinc, to be injected into the larynx with the laryngeal syringe. On auscultation of the chest, all over the left side in front, mucous rales were heard. On the right side, at apex, prolonged and bronchial expiration; shade of dullness and pain under that spot on percussion; small mucous rales lower down.

On the 8th June, the laryngeal tissues having increased in size, and being obviously an abscess, an ineffectual attempt was made to incise it with MacKenzie's laryngeal scarifice. The next day a trial was made to open the abscess, but the swelling was so soft that it constantly receded instead of being cut into, as the scarifice impressed upon it. The object

was accomplished, however, as shortly after the patient expectorated a large quantity of matter, and was thereby greatly relieved. The voice improved, but difficulty of breathing gradually increased, and on the 20th of July the laryngoscope showed the vocal cords to be in close approximation, leaving just room enough between them for air to pass; they remained fixed in that position, and firmly stretched. The power of the abductive muscles appeared all but lost, while that of the laxative could still be exerted to some extent, as she could speak in a fair voice; there was no inflammation in the larynx to account for this state of the cords. Her general health began to fail, and she lost flesh rapidly. The case got worse and worse, breathing more difficult, until the 4th of August, when tracheotomy was required. Afterward the patient improved, and on the 7th of October she left the hospital, with all difficulty of respiration removed and in satisfactory health.

C. INFLAMMATION OF THE LARYNGEAL CARTILAGES.

Inflammation may affect either the laryngeal cartilages or the perichondrium, or both at the same time.

X. PERICHONDRITIS.

Perichondritis may affect the perichondria of the arytenoid, cricoid or thyroid cartilages, and in point of frequency in the order in which those points are named. The disease may either begin in this membrane, or the inflammation may extend to it from the superjacent cellular tissue, as we see occurring in syphilis, phthisis, and typhus fever.

Perichondritis is followed by suppuration, matter forms beneath the membrane in contact with the cartilage, the superficial layers of which lose their vitality, and are cast off along with the pus, when the latter escapes exteriorily. Perichondritis of the arytenoid has been observed in which the perichondrium has been anteriorily separated from the cartilagenous nodule within by the pus, forming a nucleus just like the seed in a dry hard-shell berry. Perichondritis of the cricoid and thyroid is much less common; the pus may form exteriorily or anteriorily, in the latter case giving rise to stenosis of the larynx, and forming a swelling beneath the mucous membrane that may be recognized with the laryngoscope. Türck mentions a case of this sort in a man thirty-four years of age, who had suffered for eight or ten days with hoarseness, pain in the larynx, and dyspnœa. By means of the mirror he discovered that the left vocal cord was very much bent forward, immovable, with its edge reaching beyond the middle line, without inflammatory appearances, and of a normal color. So, also, the left Santorini and arytenoid cartilages were immovable, and their mucous membrane was swollen. The left laryngo-pharyngeal fossa was enlarged. The right vocal cord, as well as the movement of the right arytenoid cartilage were normal. The patient died the following night. The *post mortem* examination showed upon the left half of the cartilage an abscess as large as a hazel nut, which extended partly beneath the plate of the thyroid cartilage outward; partly into the sinus pyriformis; partly beneath the undermined left vocal cord, into the cavity of the larynx, and thus reduced this to a simple chink, extending from before backward. The left half of the cricoid cartilage was partly denuded of perichondrium, and upon a small spot in its posterior section it was rough and infiltrated with tubercles. There was also tuberculosis of the pleura.

XI. NECROSIS OF THE LARYNGEAL CARTILAGES.

Necrosis of the laryngeal cartilages is commonly the result of advanced form of ulceration depending upon syphilis, tuberculosis or typhus fever. It succeeds to perichondritis described in the previous section, and when formed upon the inner side of the larynx, the discharge of matter is often accompanied with masses of necrosed cartilage. If the necrosis forms exteriorly, abcesses form and the matter, after causing much irritation and distress, discharges through the skin, undermining and disorganizing the tissues in front of the neck, giving rise in some cases to aërial fistulæ through which air escapes in respiration.

D. LARYNGEAL INFLAMMATION CONNECTED WITH ACUTE AND CHRONIC DISEASE.

Under this heading we propose to call attention to that form of laryngeal inflammation which is sometimes observed to connect itself with other diseases, as measles, small pox, scarlet fever, erysipelas, typhus fever, and the cachexiæ.

XII. LARYNGEAL INFLAMMATION ACCOMPANYING RUBEOLA.

According to Semeleder's statement, Stoffella has examined in Prof. Hebra's ward

a number of variolous patients. He endeavored to decide "whether the disease occurred in the larynx in the form of flecks, as upon the skin, or as a more evenly diffused redness and swelling; in short, whether there was catarrh or an exanthem in the larynx." He always found an evenly diffused redness of the mucous membrane of the larynx, and upon the vocal cords only a yellowish or a reddish yellow coloring. But the patients were so sensitive to the irritation caused by the examination, that after a few minutes even an intense redness covered the vocal cords. The redness extended into the trachea, but never beyond the fourth ring, and it was at the same time evenly diffused, only once was there found a dark-red fleck about the size of a lentil upon the anterior wall of the trachea.

I have examined five or six rubeolous patients laryngoscopically, and found the same sensitiveness of the tissues during the inspection, but as far as I could see in the trachea the redness was marked. Two of the cases succumbed, and post-mortem examination revealed redness and inflammation running down from the larynx to the tracheal tubes, which were loaded with the frothy exudation of bronchitis.

XIII.—INFLAMMATION ACCOMPANYING VARIOLA.

In small-pox we also find in some cases laryngeal inflammation. I endeavored twice to inspect the throat in this disease, but unsatisfactorily; the patients were quite ill, the tongue and neck swollen so that I had to desist.

Dr. I. Newmann, as quoted by Semeleder, has given some attention to this point, and he tells us that variola in the air passages is not particularly distinguished either in its abundance or in its distribution from that of the mucous membrane of the mouth. It is well known that in consequence of the variolous process deep ulcerations occasionally occur, as the above named spots. One case is recalled which terminated fatally in this stage of efflorescence, in which the mucous membrane of the pharynx and of the trachea was completely deprived of its epithelium, and was covered with a layer of pus half a line in thickness, beneath which reddish-brown mucous membrane, swollen for the most part to the thickness of a line, was covered with the pits of variola. The excoriations extended into the bronchi, as far down as the divisions of the third grade, whilst the mucous membrane of the finer branches appeared dark red and swollen.

XIV. INFLAMMATION ACCOMPANYING SCARLATINA.

Inflammatory complication of the larynx in scarlatina is much more common than in measles or small pox. In fact, in some cases it constitutes in connection with inflammation of other parts of the respiratory tract, the most prominent feature in the history of the disease, the skin remaining free from any exanthematous effloresence. This variation in the relative amounts of cuticular and mucous alteration observed in different epidemics of scarlatina, is a notable fact in the pathology of the disease, and when the mucous membrane of the respiratory passages is the seat of an accompanying inflammatory process, we find ample evidences of it with the laryngoscopic mirror.

Those who are familiar with this disease need not be reminded of the intensely red, tender, and swollen condition of the membrane as far as the eye can reach, nor, of the difficulties thereby imposed upon the laryngoscopist in his endeavors to discern the alterations brought about in the larynx and trachea, only revealed by the mirror. This condition of the laryngeal mucous membrane presents itself in a diffused mucus, extending into the trachea as far as we can discern; the vocal cords are frequently of a roseate hue.

XV.—INFLAMMATION ACCOMPANYING ERYSIPELAS.

Both Semeleder and Lewin have encountered laryngeal inflammation accompanying certain cases of erysipelas. The former author found intense redness of the vocal cords on swelling of the arytenoid epiglottic folds and the posterior walls of the larynx, in a man upon whom he made a post-mortem. Semeleder examined the larynx in five cases, and in four discovered inflammatory redness and tumefaction on the epiglottis, and in the entrance to the larynx down to the vocal cords; there was no oppression of breathing, and no alteration in the voice. With the continued desquamation of the skin, the inflammatory appearances in the larynx also gradually vanished. In one of these cases a relapse of the erysipelas occurred, and so also of the catarrhal inflammation of the larynx.

XVI.-INFLAMMATION ACCOMPANYING TYPHUS.

In the course of typhus fever inflammatory

troubles of the larynx are common enough. In a paper published in Nos. 93 and 94 of the *Vierteljahrschrift für die Praktische Heilkunde*, Dr. A. Wrany gives an account of 448 autopsies made at the Institute for Pathological Anatomy, in Prague. Fifteen cases are recorded as having died of typhus fever, and of these five presented ulcerations of the larynx. It occurs most often in the exanthematous forms of typhus, and more often and more severe in some epidemics than in others, in thus presenting an analogy with the laryngeal inflammation connected with scarlatina, the great debility of typhus often masks the manifestation of laryngeal diseases, as the low whispering or hoarse voice may be erroneously attributed to the general condition of the patient, when strength does not admit of that vigor of respiration essential to the emission of the normal voice.

The mirror reveals varying conditions, according to the degree, extent and character of the morbid process, which must often exist as a superficial inflammation of the larynx with œdema, and œdema of the vocal cords. In other cases the membrane is ulcerated particularly at the edge and part of the epiglottis, when the latter comes in contact with the arytenoid cartilages, upon the inner edge of these cartilages; and in the neighborhood of the insertion of the vocal cords into the vocal processes, the cords themselves sometimes present little patches of ulcerations. The inflammation may run into suppuration; the pus, mixed with more or less serum, being dispersed in the meshes, the sub-mucous cellular tissue, or, perhaps, collected into little abscesses. Exudative patches may also be encountered, especially upon the posterior walls of the larynx.

More serious then the preceding condition is perichondritis, which most often implicates typhus during convalescence. It is found affecting the cricoid with greater frequency than the other cartilages, leading to the formation of pus, which, surrounding the cartilages, induces its disintegration and necrosis, pieces of it being often expelled exteriorly with the discharged matter. Perichondritis and necrosis of the cartilages also occur from the extension of the ulcerative process in the mucous membrane to the perichondrium. This condition is often attended with a general œdematous state of the mucous and submucous cellular tissue, threatening to extinguish life by dyspnea, and requiring treacheotomy to avert a fatal termination.

TREATMENT OF PHTHISIS.

By Stiles Kennedy, M. D.,
Of Newark, Del.

I have read with much satisfaction the report of Dr. W. Minor Logan, on the above subject, to the Cincinnati Academy of Medicine. It shows thorough research and practical knowledge of what he writes. And just here let me say, that of all the discussions and papers of medical societies that reach me, none are more interesting or useful to me as a practitioner than those that emanate from the Academy spoken of. I do not intend to speak of the pathology of phthisis as set forth by Dr. Logan, for bad, indifferent, and even injurious plans of treatment, have always an escort of plausible theoretical pathology. The table of cases treated by Dr. Logan is worth more to the profession than all the theories that have ever been written: that is tangible and demonstrative; the other is a beautiful system of guess-work. The plan of treatment recommended by Dr. Logan is strikingly similar to one I have been in the habit of using for some time. The two plans, I judge, have been in use about the same time. His has probably been used in a larger number of cases, while either has been successful.

His treatment is simply this: thirty or forty drops tincture of the chloride of iron in a wine-glass of water half hour before eating, and the same quantity of dilute nitric acid of the pharmacopia in a wine-glass of water just after eating. The application of tincture of iodine two or three times a day as a counter-irritant, ext. hyoscyamus at night to promote sleep, if necessary, and syrup lactucarium, syrup prunus Virginianus as expectorants.

Under this treatment, of fourteen cases eight recovered, two are recovering, one of them had infiltrated tubercle diffused throughout the entire upper lobe of left lung, cavernous respiration and pectoriloquy at apex of left lung; the other one had considerable flattening of thoracic wall, with dullness and other signs of tubercular deposit at the apex of the right lung, and the same, but less marked, in left lung. These cases had been under treatment seven and four months respectively.

One case is marked "favorable" after two months' treatment, whose physical condition was described by amphoric resonance, with cavernous respiration and pectoriloquy in the upper lobe of the right lung, dullness

over the entire left lung, with mucous rale and ægophony over its superior lobe.

One case that had considerable deposit at apex of both lungs, after five months' treatment is marked "stationary." Two died; one after thirteen days' treatment, the other after six weeks' treatment. I will now detail my own plan, and then give my reasons for prefering it:

In an ordinary case I would give twenty-five or thirty drops tincture of chloride of iron in one tablespoonful of the liquor amoniæ acetatis, previously acidulated by the addition of a few drops of acetic acid, half hour before meals, and ten to fifteen drops dilute nitric acid, in the same quantity of water, every two, three or four hours, according to the urgency of the *cough*.

As a local application to the chest, where there is much internal irritation, I use oil of turpentine; a piece of heavy cotton-cloth is wet in this, and applied next the skin over the seat of pain, and well covered to prevent evaporation; this is applied night and morning. After the worst of the irritation has subsided, I paint the chest with tinct. iodine daily. The medicines are always directed to be taken through a glass-tube. To those who are familiar with the writings of Dr. Basham, I need not say that I am indebted to him for this mode of administering the tinct. of iron, and to those who have, like myself, occasionally watched patients, month in and month out, taking the tincture in pure water with very little if any benefit, let me say, try Basham's mode, and you will be delighted.

In quite a number of cases the tincture of iron in pure water is not assimilated. It was in other diseases than phthisis that my attention was often brought to this fact, and many of my professional brethren have told me the same thing. After trying the tincture and failing, I would use Vallet's mass, then the iron by hydrogen, and the citrate, and so on, all to no purpose. It has not been two months since a very intelligent lady sent for me to see her. She was pale, weak, and anæmic, and thin of flesh. She met me by saying, "I want to put myself under your treatment, and I only stipulate against *iron*. I have taken iron tincture, iron pills, and iron powders until I am nearly ironed out, and no more of it will I take."

In all this class of cases, in phthisis as well as other diseases, I have found the tincture of iron given in the liq. am. acet. previously acidulated by the ac. acet. forming the *amonio chloride of iron* in solution, to act speedily and efficiently. The solution of amonia must be acidulated, however, or an insoluble chloride is formed, which is no more advantageous to the patient than the pure tincture. My reasons for giving the nitric acid in smaller doses than Dr. Logan, and repeating oftener, may be made apparent from the following cases, taken from six of the kind that I find in my case book this morning:

August 15, 1870.—M. C., a young woman æt. 19; married six months; was perfectly healthy when married; has now a constant cough of more than three months' standing; spits up thick, yellow mucus, sometimes blood; sometimes slight hemorrhages; has a great deal of pain in both sides; cannot sleep at night for her cough; appetite changeable; bowels always constipated; night sweats; monthly sickness missed four weeks; on percussion, dullness is found over front and top of both lungs; inspiration short and quick; expiration almost inaudible behind; pulse, 90; tongue white, thick fur behind.

℞. Tr. ferri chl., gtt. xxv.
S.—In sweetened water, half hour before meals.
℞. Dil. nitric acid, gtt. xxv.
S.—In two or three tablespoonfuls of water after meals.

August 20.—Patient informs me that she cannot take the white medicine (nitric acid dil.), "it makes her sick and feel queer all over." I then reduced the dose one-half, and in a few days she came to say that it still produced very unpleasant sensations and sickness. I then directed ten drops in water every three hours. A month has passed, the patient is improving, and I have no further complaint.

L. S.—This is a boy that I am treating for diabetes. Other things having failed, I concluded to try this same treatment, with the hope of producing some effect through his digestive apparatus; but I find that on July 14 he comes to me saying that the "white medicine makes him sick." He was only taking 20 gtt. in a wine-glass of water sweetened. Is 14 years old, and up to this time had taken full doses of all other medicines given. I reduced the dose and increased the frequency of taking it, and had no further trouble.

Mrs. R. M., æt. 23; thin, delicate; dressmaker; one child 18 months. Has had a troublesome cough for six months, so much so

that she cannot sleep at night, nor work with any satisfaction during the day; in fact, she has become so weak that she has almost given up work; spits up a good deal of thick, yellow mucus; has a great deal of pain in left side—uses mustard plasters every day or two; dullness on percussion over upper part of both lungs; crepitation behind in left lung, and just slightly in right one; appetite good, bowels regular. Gave tinct. and dil. nit. acid, as recommended by Dr. Logan. I visited her on 3d day; she said "the white drops made her sick and feel so curious in her limbs that she was afraid of them." I then changed the directions, giving the nit. ac. dil. 15 gtt. every second hour. The patient has improved rapidly. At the end of 30 days she was not troubled at night, and very little during the day by her cough; no crepitation in either lung.

Several other cases could be cited, going to prove just what the above cases partially do—that the small doses, frequently repeated, have the great advantage over larger doses in not producing nausea or any unpleasant sensations whatever; but the small doses have another and greater advantage—they subdue more promptly the cough. In the first fifteen days of the treatment, I think, there is an advantage of fifty per cent. in favor of the small doses, and this percentage is kept up with a gradual diminishing until the end of the 8th or 10th week, when, probably, the cases stand in about the same general condition. Perhaps I had better explain this now, so as to prevent any possible injury to the therapeusis indicated.

I find it an invariable rule that as the cough gets better and other symptoms yield, that the patient increases the length of time between doses. If he does not do so of his own accord he is sure to ask permission, and, as he is better in every way, there is not so much reason for continuing the frequency, and he is directed to do so.

Instance the last case: R. M.; her cough was very troublesome at night; she could not sleep, therefore she would get up and take her medicine every second hour; as her cough got better she slept more, and, consequently, she would not wake up as often, so she took it every four hours, and as she improved she would only wake up and take it once, and finally not at all at night. The same may be said of the day treatment, as she improved, the frequency of the potions was diminished; so during the long days, she was taking a dose after each meal and once between meals; finally, she was directed to take her medicine after each meal only, and to increase the dose one drop each day for ten days, if she could bear it.

From the above cause alone the patient who takes the large dose persistently and the patient who takes the small dose, gradually extending the time between them, at the end of two months stand at about the same point; but in the early treatment the advantage is vastly in favor of the latter plan.

The subject of counter-irritants and counter-irritation in phthisis is of very great importance and interest. If I had the ability, there is neither time nor space here to handle it as its merits deserve. I must be content, therefore, to place my experience on record as being decidedly in favor of the external application of the oil of turpentine as being probably the most useful of that class of remedies.

For many centuries the products of the genus pinus, of Linnæus, have been held in more or less repute for their supposed virtues in healing diseases of the lungs. Indeed, at some particular times this plant seems to have been looked upon as containing the universal panacea which was to wipe out disease from human flesh. While we recognize now that the great reputation of Bishop Berkely tar water was due more to error than to truth, yet this generation is very far from being doubtful of the many medical virtues of the pine and its products. This is evinced by the necessity of many new pharmaceutical preparations—the syrups, wines and cordials of tar, and the many modifications of the old pitch plaster, to say nothing of various vapors. According to my observation there is a very large number of medical men in this country who habitually use some form of tar, pitch, or turpentine in the treatment of their phthisisical cases. Besides, the oil of turpentine has long been known to act beneficially upon ulcerated and diseased mucous membranes; this is one of its chief therapeutic properties. When the oil is applied as a rubefacient, a certain portion is necessarily absorbed, and from that portion we may expect additional advantages to the lungs and bronchial membranes which we would not receive by any other local remedy. In that expectation my experience teaches me we are not disappointed.

As before intimated, when the local symptoms have been subdued, or where none have existed, or where circumstances—as the unpleasant odor—forbid the use of turpentine, I use the tincture of iodine as a counter-irritant, and, no doubt, by its absorption a beneficial effect is produced upon the lung tissue, bronchial tubes, and general system.

There are some other points in the treatment of phthisis which I wish merely to touch upon. In the first place, the dilute muriatic acid of the pharmacopia, given in the same quantity and with the same frequency, as has been here recommended for the administration of the dilute nitric acid, will in the majority of cases, probably, be just as efficacious as that acid, and in many cases it will be even better.

The reputation of muriatic acid as a remedy in this disease. is by no means of recent origin; and in some of the chronic dyspepsias it stood at the head of the list of medicines in use for that disease. In fact, it was while I was using this acid in a phthisical patient, who also had dyspepsia, and who revolted against the medicine, that I concluded to try the nitric acid, the only object in view being to relieve the dyspepsia; but failing to leave explicit directions about taking it three times a day, or from being misunderstood, he went on taking it as he had the muriatic acid, every third hour. About the same time, I gave another patient the nitric acid *by mistake*, with my usual directions for the dil. mur. acid; both patients improved rapidly, and I never told any thing about the mistakes, but have taken good care to reap the benefit resulting from them.

As a general rule, I may say, that in the coughs usually found hanging around phthisical families, the muriatic acid will prove more beneficial, while in acquired phthisis, with a tendency to diarrhœa, the nitric acid will be of more service. But the condition of the digestive function should have important bearing in the selection of either the one or the other acid, a subject I have not time even to touch upon here.

Very often, or at least occasionally, we find patients with this disease who suffer terrible pains other than those of the chest, particularly through the limbs, requiring constantly increased doses of the opiates, these in turn are apt to produce other evils.

Several years since I was requested, by a medical gentleman of Georgia, an opinion as to the cause of these pains, and the remedy I would use; his wife being the patient immediately in view, I gave this answer: That I presumed the pains to have a two-fold origin. 1st. An impoverished blood could not furnish nerve food; the nerve tissue was crying out against the process of starvation; and 2d. The adipose matter covering and cushioning the muscles, tendons and other organs, having been absorbed, left these organs to produce an undue mechanical pressure upon the nerves themselves; hence the pains. I advised a 2 gr. pill of quinine every third hour—missing one during the night if the patient was sleeping; her appetite soon returned; her digestive powers increased, so that in a little while arsenic and iron were added to the treatment, and she lived for more than a year in comfort.

Since that time I have watched cases of this kind with more care, and, instead of arsenic and iron, I now use iodoform, 2 gr., repeated from three to six times a day, and after a while iron is added. I have found this treatment to act beautifully, robbing these cases of most of their desperation; for here the iodoform stops the pain in a few days, sometimes at once, while, at the same time, it is regenerating the system. In fact, when the digestive function is not entirely deranged, I know of no more valuable adjunct in the whole list of remedies for the treatment of phthisis than iodoform.

COMPOUND COMMINUTED FRACTURE OF THE SKULL—REMOVAL AND ELEVATION OF BONE—RECOVERY, Etc.

By Wm. P. Rodefer, M. D.,
Of New Market, Tenn.,
(Late Surgeon Q. M. D., U. S. A.,)
In charge Q. M. Hospital, Knoxville, Tenn.

In looking over the records of the numerous surgical cases that are to be found in the various medical periodicals of the present day, the careful observer cannot fail to notice the comparative infrequency with which the reports of cases of fracture of the different portions of the skull occur. Whether the cause of this infrequency lies chiefly in the rare occurrence of this accident in comparison with accidents in other portions of the body, whereby we are deprived in a great degree of opportunities for observation; or whether from a careless neglect on the

part of medical men to give the records of their experience in the conduct of such cases to the profession, the result is the same; and hence, in looking into our literature as it comes from the medical press of the period, we discover a great lack of interesting and instructive facts bearing on the subject of fractures of the cranium, which, be it recorded to the honor of the medical profession, we cannot have written truthfully of any other subject of equal importance with the one which we propose to consider. In order that it may not be said of the writer that he, too, failed to do his duty in adding his mite to the records of this accident, the following history is herewith committed to the hands of the profession:

On the afternoon of the second day of February, A. D., 186–, I was met by a messenger at the foot of "Bay's Mountain," with the urgent request from my lamented friend, the late Dr. John P. Mathis, of Strawberry Plains, Tennessee, that I would meet him in consultation, at the earliest practicable moment, at the residence of A. J. C., Esq., of the adjoining county of Sevier, in the case of a young lad who had that day received a severe injury to the skull—and to come prepared with the necessary instruments to perform an operation. The day being far advanced toward evening, and still having several very important cases of my own to visit before I should be able to return to my home and procure the instruments, the messenger was instructed to say to Dr. Mathis that I would meet him on the following morning at eleven o'clock, and that his request should be complied with in every particular.

On reaching the house of Esq. C., on the third of February, at the designated hour, I found Willie C., a sprightly looking boy, apparently about thirteen years of age, lying on his bed in a state of partial stupor, with an extensive and very ugly wound of the scalp, situated over the posterior and superior portion of the left parietal bone, near the junction of the latter with the occipital bone and its fellow of the opposite side.

The patient was a boy of delicate organization, but of excellent general health, and possessed of good physical vigor. On introducing the index finger into the wound of the scalp, there was found in the bone beneath a large triangular opening of about two inches in length and one and a half inches in breadth, at its widest part—its apex being directed toward the superior angle of the occipital bone, and its base toward the middle of the articulation of the left parietal with the frontal bone. The larger portion of the broken bone had been driven inward by the force of the blow on the brain, but was still adherent at its base to the main portion of the bone; several smaller fragments were entirely detached from the surrounding parts, and a few of them forced into the substance of the brain. The little patient evinced in some degree the symptoms of compression of the brain; the pupils were somewhat dilated and insensible to light; there was incomplete paralysis of the right leg and arm, and the pulse was slow and laboring. Insensibility, however, had not taken place, although it was thought by Dr. Mathis to have gradually come on to some extent since morning, at least to a marked increase of stupor.

The history of the accident, as it was obtained from the lad, was as follows, the facts having been stated by him to his parents immediately after the receipt of the injury: On the morning of the second of February, there being a considerable fall of snow on the ground, the boy had been sent out with a horse attached to a sled to drag some pine wood from a steep place on the side of the mountain. In making his second trip to the house, the horse, from some cause, became unruly, and, being naturally of a vicious disposition, he threw the lad from his back and gave him a severe kick on his head, causing the extensive and serious compound fracture of the skull which has been described.

After a full and free interchange of opinions between Dr. Mathis, Dr. Alexander Caldwell, a practitioner residing in the neighborhood, whom Dr. M. had courteously invited to join us in the consultation, and myself, it was determined to make an effort, after first removing all the detached pieces of bone, to raise the depressed fragment by means of the elevator, and if this attempt should fail, to apply the trephine partly on the depressed piece and partly on the sound bone adjoining it. As the parts around the wound were exceedingly tender and intolerant of manipulation, owing, as I conceived, to the length of time that had elapsed since the accident, it was considered prudent to subject the patient to the partial influence of an anæsthetic agent.

At the request of Dr. Mathis, I proceeded to place the lad on a dining table, with the

head well elevated, and, after thoroughly removing the hair, to bring him under the influence of chloroform, so as to blunt the sensibility. A free incision was then made, so as to give me an abundance of room, through the soft parts down to the bone, on either side of the wound, and on a line perpendicular to this, so as to form a sort of crucial incision. The flaps were then turned back from the bone, and the elevator applied firmly under the angular portion of the depressed fragment, when strong efforts were made to elevate it. These having failed from some cause which I did not at the moment appreciate, I was on the eve of proceeding to apply the trephine, when the thought occurred to me to attempt elevation with a strong sequestrum forceps which were in my case before me. Acting on this idea, I proceeded to apply one blade of the forceps to the under surface of the bone, and with the other to grasp it firmly, when, drawing the fragment strongly toward me, and using my finger as a fulcrum, I succeeded in raising the bone, and bringing it to its normal position. An artery of considerable size, a branch of the posterior temporal, I presume, was wounded; but the bleeding was promptly arrested by the application of the persulphate of iron on the end of the finger, which was kept to the orifice of the bleeding vessel for several minutes. The hemorrhage having ceased, the flaps were brought together accurately, and retained in position by means of silver-wire sutures, a few light adhesive strips being employed. A compress wet with cold water was placed over these, and a bandage applied to retain all in position. The patient was placed in bed in a dark room, and after a refreshing sleep of more than two hours' duration he roused up and called for both water and food.

Directions were given to exclude all company from the room with the exception of a single nurse; to observe the utmost quietude both in and around the house, and allow only a moderate quantity of light, nutritious food, such as rice and milk. The tongue being somewhat furred and the bowels inactive, there was given a full purgative dose of calomel, ipecac, and colocynth, and a small quantity of morphia was ordered at bedtime, if there should be much pain or restlessness. Cold water was to be kept constantly applied to the head by means of wet cloths frequently changed, and the room to be darkened and comfortable.

At the urgent request of the attending physician and the parents of the boy, I agreed to return to see the case on the morning of the 6th of February. At this visit the case was found to be doing remarkably well in every respect, there being no evidences of any disturbance whatever, either of a local or general character. Sensibility was completely restored, the pupils responding promptly to the influence of light, and the pulse was scarcely altered from a normal standard. I learned from Dr. Caldwell, who was requested by Dr. Mathis, on account of his proximity to the residence of Esq. C., to visit the patient every day, that the purgative and the morphia had acted kindly and efficiently, and further, that no medicine whatever had been given since, except a little morphia, which was ordered every night at bedtime, *at my request*. The wound of the scalp presented a healthy appearance, and the sutures were allowed to remain for a few days longer. The former treatment was continued, and directions were left to put the patient on the use of the tincture of aconite and veratrum viride, immediately on the occurrence of the symptoms of inflammatory action about the brain.

The patient was seen by me again on the evening of the fifth day from my last visit, when his condition was found to be still highly favorable. There had been some appearance of the symptoms of inflammation since I was last with the patient; but this had disappeared promptly on the administration of a few doses of the aconite and veratrum viride; and not a single untoward symptom had since been observed. The sutures had all been removed from the wound of the scalp, and the parts were in a healthy granulating condition, and tending rapidly toward a cure. No change was considered to be necessary in the treatment, and the case was allowed to go on as heretofore—a little simple cerate being now used as a dressing to the wound, since the adhesive strips had been removed. Considering it wholly unnecessary for me to give any further attention to the case, I so informed the family, and with their consent, resigned it to the sole care of Dr. Mathis, to whom I am indebted for the completion of its history.

The little patient continued to do well from the time I ceased to visit him until the case was discharged. On the eighteenth day from the occurrence of the accident, a small piece of bone about the size of a split pea was dis-

charged from the wound, after which the parts closed up in a short time, leaving only a large scar, with a considerable depression at the point where the broken and detached fragments of bone had been removed. The patient was seen by Dr. M. on but two occasions after the closing up of the wound, the general condition seeming to warrant the discharge of the case. The intellectual faculties were all in a perfectly normal state, no alertion whatever having been observed; the appetite was very good and the physical vigor rapidly returning; the sleep was quiet and refreshing; the functions of all the organs were entirely normal, and no evidence whatever of diseased action could be found to exist. The father of the lad has since informed the writer that no change of any sort has ever been discovered in the mind of his son, and that his growth has been in nowise retarded by the accident, but, on the other hand, that his weight and strength, as well as his powers of endurance, have greatly increased since recovery took place. The result of the case may therefore be properly termed a complete success.

The administration of morphia in this case was followed by such happy results, always inducing sleep, allaying pain, and quieting the mind, as to remove the groundless apprehension, as I consider it to be, of numerous writers and teachers in the profession, on account of the alleged tendency of the remedy to produce cerebral congestion, thereby increasing the liability to the supervention of inflammation. I am by no means willing to admit that the judicious administration of morphia is so conducive to the production of congestion of the brain, as it is frequently asserted to be; but even granting that it is, the congestion cannot be otherwise than of a simple, passive kind, and, therefore, comparatively harmless and far less injurious, it seems to me, than a long night of restless tossing, with its throbbing heart and tortured mind, and its thousand untold agonies and unuttered prayers for the morning to come with its welcome dawn. My experience in the use of the remedy in this condition which I have mentioned, has been by no means inconsiderable. and I am thoroughly convinced of the judiciousness of thus giving rest to the brain by subduing the action of the heart, and thereby preventing so large a flow of blood to the injured part. There is no other remedy, unless it be the chloral hydrate, which, at that time, was unknown, with which we can accomplish so much.

HYPODERMIC MEDICATION.

By John C. Pearson, M. D.,
Of Ursa, Illinois.

It is a matter of very great surprise to me to see that some of the members of the medical profession entertain a prejudice averse to the employment of subcutaneous medication. And to account for it, I have sometimes thought that it is the result of a lack of a little experience in the use of the hypodermic syringe. Subcutaneous medication, when judiciously used, is just as safe as medication per os, per anum, or per any other way, and is much more rapid, constant and efficient in its effects, and is doubtless destined to be much more extensively resorted to as a means of combating many of the diseases to which the human system is amenable. It not only relieves pain, but it sometimes cures, and cures radically and permanently—nay, it *frequently* does so.

A physician a short time since gave me his prescription for cholera morbus, consisting in the proper proportions of chloroform, laudanum, sweet spirits nitre. I responded by saying that I had tried it and found it was slow, uncertain and unsatisfactory, and in efficiency, not to be compared to the injection hypodermically of a solution of morphiæ sulph., ½ gr., atropia sulph., 1-30 gr. And as an example of what subcutaneous medication will effect in cholera morbus, I related to him the following case:

Was sent for in a great hurry to see August B., a German, æt. 30, who, the messenger said, was in a dying condition. Upon my arrival, found him with violent and excruciatingly painful cramps in the arms, legs and abdomen, and vomiting almost incessantly a greenish yellow matter, and voiding from his bowels very frequently and copious discharges of a rice water character. His eyes were sunk in their sockets, and his extremities cold, while upon his face there stood a cold, clammy sweat. His countenance had that sunken and pinched appearance so characteristic of collapse.

My prescription for the case was a solution of morphia sulph. ½ gr., atropia sulph. 1-30 gr., injected under the skin in the arm. In less than five minutes he said he was beginning to feel so *much* better; and by the lapse of half an hour the vomiting, purging, and painful cramps had ceased, his facial expression had become more natural, and he was disposed to

be perfectly quiet, and to sleep. I then prepared an astringent anodyne remedy to be taken, provided there was a return of the purging, and left. On my return the next day I found him convalescing, and he informed me that he had to take only one dose of the medicine I had left on the day before.

This is only one example of many that I could adduce to show the great efficiency of subcutaneous medication in cholera morbus; and this example is a somewhat note-worthy one, as it was a case of cholera morbus so nearly resembling one of genuine Asiatic cholera, that had the latter been prevailing to any extent, the former would have been classed as a case of it.

It cannot be claimed for hypodermic medication that it always cures, for sometimes it does not; but when it fails to cure radically, it always gives quick relief, and that its effects upon morbid states are different from those produced by the same remedial agents when given per orem, there is no doubt; and the day will soon come when hypodermic materia medica will comprise a much longer list of remedies than it does at present.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

September 12. 1870.

Clinic of J. E. Garretson, M. D., Lecturer on Surgical Diseases of the Mouth, Etc.

(REPORTED BY DE FOREST WILLARD M. D.)

Angionoma.

Gentlemen: I have to present to you this morning two patients, both infants, who will well illustrate almost the two extremes of a class of tumors known as vascular or erectile growths, or, as often called, *nævi*.

Upon the cheek of the first you will notice a small, dark spot, scarcely distinguishable, yet sufficient to attract the eye of the anxious patient. It is a "mother's mark," and is an insignificant, harmless, little tumor, requiring but a simple operation. The other, a colored babe, æt. 6 months, has, as you perceive, a tumor upon the cheek in the neighborhood of the angle of the jaw, and extending into the parotid region, of the size of a small orange, which, as you will soon discover by the history, is a grave and serious lesion, requiring an operation of such magnitude as to place the life of this child in jeopardy.

The mother informs me that this was discovered soon after birth, but was then of small size; that it has been steadily growing, and that for the last few weeks it has increased with such alarming rapidity that she has been sent to us from the country to ascertain whether there be any hope of operative relief, for she fully understands that the child must die, either from rupture or ulceration of this mass, with its consequent hemorrhage, unless it can be removed.

You will see that this tumor is soft and elastic; that it pulsates strongly, synchronously with ventricular systole; that its size can be diminished by steady pressure, and that it enlarges whenever the child makes any violent exertion, as in crying, coughing, etc. It is, therefore, an erectile growth —a congeries of dilated blood-vessels; tortuous arterioles and capillaries, bound together by subcutaneous connective tissue; it is a vascular tumor, and belongs to the same class as the nævi.

The color of these vascular growths depends upon the excess in their composition of either the arterial, venous or capillary element, and this color does not gradually fade out into the surrounding tissues, but is abrupt in its definition, owing to the fact that the tumors are usually supplied by one or two large blood vessels, while their vascular connection with adjacent parts is but moderate, and the smaller nævi are evidently but a hypertrophy of the radicles of these principal vessels.

In the tumor before us we have one which is largely arterial. It is what is often called an "aneurism by anastomosis," but it is not, properly speaking, an aneurism, but is an enlargement of the terminal branches of these vessels of supply, and is in fact an exaggerated nævus, its variation being in degree, not in kind. The same remark will hold good in regard to the venous tumors so often found, which differ only in having an excess of venous dilatation. They may differ widely in degree, but they all belong to one genus,—they are vascular, "bloody" tumors.

For the relief of such a lesion as this, a cutting off of the source of supply would at once suggest itself; but should we cut down and tie the external carotid, we know that the anastomoses of the arteries of the face are so intimate with those of the opposite side, as also with the internal carotid by means of the nasal and other branches of the ophthalmic, that we should not thus be able to check the current; nay, further, should we even ligate the common carotid, we might still have the supply kept up by the circuitous but constant route of the profunda cervicis from the subclavian with the princeps cervicis from the occipital, a branch of the external carotid, a circulation being thus quickly established and our object defeated, after all the dangers of such an operation. This method, therefore, will not be adopted; but we will take the surer plan: that of excision. This, truly, will be a formidable operation, when we consider how vascular are

these parts even in the normal condition, and the close proximity of such large arterial trunks as you will see by this dried preparation; and I doubt not, ere the excision be completed, we shall be down upon the carotids themselves, yet with proper care, and due attention to the prompt ligation of all severed vessels, I think we shall be able to remove it without sufficient loss of blood to endanger the child's life.

We shall not, however, endeavor to remove this mass entirely by the knife, but shall first cut away all the surrounding structures, and then throw a strong ligature around its base, thus strangulating the remaining portion, and ridding ourselves of the greatest source of alarming hemorrhage, *i. e.*, the last few incisions which would cut the great vessels supplying it.

When the tumor is small, as in the first case before us, *strangulation* is the preferable method, either by encircling the mass as a whole, or, as the skin is somewhat liable to take an erysipelatous inflammation, by first circumscribing it with an incision of the skin, and then directing the ligature into this cut surface. Another method is to pass a double ligature through its base, and tie it in two portions. The second method is best, in my estimation.

Another mode of cure in these small growths is by the action of pressure, either by means of a compress, or by the use of collodion; but this procedure is only applicable to certain situations. Needles heated to whiteness have also been passed through the base of these tumors, and have sometimes been followed by cure.

Electrolysis has also been of service in some cases of nævus, but it is limited in its application, and is so slow in its action that patients usually prefer the more rapid method of excision or ligature. The great difficulty to be encountered in the cure arises from the fact that occlusion of a veinule or other radicle seems to have but little influence upon its neighbors, thus necessitating repeated operations until the electrolytic action has directly influenced almost each individual vessel. Moreover, since electrolysis cauterizes the tissues, as well as coagulates the blood, it is evident that a slough must ensue, provided the superficial portion of the skin be much affected, and if such an occurrence must take place, with its consequent cicatrix, it is preferable to have it occasioned by the more speedy action of a ligature. The slough of galvano-puncture is, however, perfectly devoid of hemorrhage, since it is tardy in its separation, and is remarkable for its extreme dryness.

These objections to its use, however, only apply to nævi which are superficial, or when the skin is implicated. In subcutaneous nævi, the operation possesses the advantages of being more safe and certain than injection, and in cases where no slough is necessitated, we dispense with the scar of an excision or ligation, that is, provided insulated needles are employed.

A Bunsen or other battery may be used, the number of needles varying with the size of the tumor; but in all cases care should be taken not to carry the action beyond the whitish hue, indicative of cauterization.

In regard to the introduction of gas into the circulation by this method, I do not think there is the slightest danger in cases of nævus, though spoken of by Rutherford and other able writers on electro-therapeutics.

In cases of huge nævi, or vascular tumors like the one before us, this course might be pursued with advantage, especially when excision is hazardous, but I think we shall be able to accomplish our object in perfect safety with the knife and ligature, saving much time and trouble by such a course.

Another mode of removal of nævi is by the use of caustics, such as chlor. zinc, corrosive sublimate, Vienna paste, or the strong acids, and a cure is usually affected by the separation of a slough and healing of the ulcer.

The seton is sometimes used, and its presence occasionally causes sufficient inflammation to obliterate the vessels and leave behind no perceptible scar.

Hypodermic injections were at one time quite in vogue, but owing to several deaths which have occurred from the carrying of clots into the circulation, have fallen into disuse. The substances used were iron, nitric acid, iodine or creasote.

A method practiced by some English surgeons is that of "piece-meal" removal; *i. e.*, picking out the mass, or tearing it away fragment by fragment, the object being to prevent hemorrhage, upon the same principle as tortion of arteries.

From all these operations, then, we must select the one most suitable to the case upon which we are to perform it, and each will be found applicable to certain localities or conditions; as a rule, however, I prefer the use of the knife to circumscribe the tumor, then to be followed by the ligature.

In regard to the time of operation upon an infant, I will only say that we should always remember that a nævus may spontaneously disappear, or atrophy a few weeks after birth, or it may ulcerate and thus destroy all the unhealthy tissue; still this event is so rare that we need not wait long for its occurrence. The age of the child will not make any great difference. Its condition will, however, vastly influence the result; *i. e.*, a child who is teething, or has just recovered from measles, cholera-infantum, etc., will be much less likely to bear an operation well, than one who had fully recovered from such a difficulty. Put your patient

in a good, sound health, and then operate, no matter what may be its age.

[Two incisions each two inches in length, and crossing at right angles, were then made through the integument, and the four flaps dissected off the tumor. The knife was then carried through healthy tissue, completely about the mass, each artery being compressed or picked up, as it was divided, so that comparatively little blood was lost. As the deep portions were reached it became necessary to cease the incisions on account of the size of the arteries, and a strong ligature was then thrown around the base, tightly strangulating the remainder. The wound was dressed with carbolic acid oil; stimulants and anodyne were freely given, and the infant soon rallied. On the 5th day the slough separated, and the flaps, which had before been left loose, were laid in place and secured by hare-lip pins and the interrupted suture. The cure has been most satisfactory. DE F. W.]

Deformity of the Mouth—Dieffenbach's Operation.

The next case which I have to show you is Robert C., æt. 11 years; suffering from a deformity of the mouth, resulting from the contraction of the cicatrix of a slough, which slough was one of the many concomitants of scarlatina, a disease which, as you know, may be followed by lesion of almost any structure or portion of the body.

You will perceive the left angle of the mouth is drawn downward and pulled in, or puckered in such a manner as to give an unpleasant appearance to his face, and he desires us to rectify this condition. This is not a common condition, yet it is sometimes met with from wounds, bruises, etc., and we must study the complications which exist in each case, governing our operation by the extent and character of the contraction.

In looking at a case of this kind you must bring to bear upon it all your artistic as well as surgical skill; you must look at and view it in different positions, until you have decided what alterations are necessary to bring this deformed mouth into a normal condition, with the labial curves and commissures in their usual beautiful symmetry; and, in order to do this, map out in your mind, or, still better, in ink upon the face, the proper outlines of a perfect mouth; then you can arrange your incisions to suit the particular deformity.

In the present instance the contraction is not so great as is often seen, where the orifice is sometimes so small as scarcely to admit of the passage of the little finger, and it is, therefore, comparatively an easy case.

For the relief of this difficulty, our first thought would be to merely incise the commissures to the required extent; but unfortunately such a procedure would only be followed by speedy union and greater consequent contraction than before, since it is impossible to prevent union of the fresh surfaces, even though tents, lead, etc., be placed between the edges.

Mechanical dilatation gives severe pain and does not produce any permanent good.

The only method which has proved of service has been that of Dieffenbach, of Berlin, which is performed by the surgeon first introducing the fingers of one hand into the mouth of the patient, in order to guide and direct the incisions and make the cheek tense, during which time he should stand either behind or in front of his patient, according to the side of the mouth upon which he is to operate, and then inserting the blade of a pair of scissors into the cheek about two lines outside the point which he intends shall be the labial commissure, he cuts inward and upward, dividing all the tissues save the mucous membrane, until he has reached a point in the upper lip which will, when brought down, fulfill the required conditions. Again, a similar incision is made from the same starting point, but this time, toward the lower lip which, in turn, is divided nearly to the same extent as above; the cuts in each instance being varied to suit the irregularities in the position of the contracted orifice. Next dissect away the flesh down to the submucous coat, thus leaving but the mucous membrane, which must in its turn be divided by a straight line running out its centre, to a point two lines inside the angle of external incision.

The mucous membrane is now turned over to imitate the normal lip, above and below on each side, and, its edges sutured to those of the skin, thus forming the vermilion border of a new lip.

This operation usually answers admirably, but sometimes unfortunately, the mucous membrane also participates in the lesion, and the operation cannot be successfully performed; or again, certain accidents may come between the surgeon and success, and cases will be found where this operation will not cure.

In such cases I am in the habit of modifying, or rather of adding to, or associating a mechanical appliance with these surgical means.

This consists of what might be called a "mouth stretcher," an instrument made of wood or rubber, with a deep groove around its border, which is slipped between the lips after time has been given for union of the reflected mucous membrane. The lips will be caught and held by the gutter of the apparatus, in the whole of their circumferences, and thus not only is the healing influenced to a desired shape, but undue cicatrical contraction is also prevented. This instrument should be worn constantly for a week or two, after which time its use should be continued at night until all contraction has ceased. This apparatus also does more than merely prevent contraction; it may even remedy defects which are the fault of the operator, by compeling the regular healing of the wound, and such mistakes and blun-

ders you will make unless you carefully weigh each cut, and look at it in various aspects—you must bring all your mechanico-surgico skill into use.

[The incisions were then made as described, the tissues being removed down to the mucous membrane, which was brought over and firmly stitched to the integument. At each step of the operation the case was viewed both from a near and distant standpoint, thus rendering the final adjustment a more perfect success. The hemorrhage was but slight, and soon ceased. Cold water dressings were applied, and the boy directed not to exert any strain upon his mouth until union should be well accomplished.—De. F. W.]

PHILADELPHIA HOSPITAL.

Wednesday, September 28.

Surgical service of F. F. Maury, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(reported by Ralph M. Townsend, M. D.)

Supra-Clavicular Sinus.

Gentlemen:—This patient is by occupation a peddler, and the nature of his business is the cause of his distress. The strap from his pack crossing his shoulder first caused an inflammation, and then an enlargement. Added to this, the man was broken down. There is nothing specific in what you see before you. At the time of his admission a fistulous opening communicated with the interior of this sack, and facing an opening at a point opposite, I passed through an oakum seaton. But I find this has not answered my expectations, and now I am going to do what I lay down to you as a surgical principle. Do not hesitate to convert a sinus into an open wound, after your attempts at its granulation with seaton, stimulant injection, etc., have failed. This applies to fistules and all openings when the presence of a pyogenic membrane presents agglutination. In this sinus I introduced my grooved director, which serves as a guide for the sharp-pointed bistoury with which I make my incision. A practical point here is the prevention of the point of the knife slipping from the groove of the director and making a larger cut than is necessary. To prevent this I do the cutting with the blade of the knife, making an acute angle with the grooved director, but just before permitting the incision I bring my knife to a perpendicular.

For an after-dressing this man will require a simple emollient poultice. I shall also put him upon tonic treatment, and show him to you at the next clinic, I hope much improved.

Phymosis.

Case 2 illustrates the danger of long foreskins, and the importance of short ones in men who indulge in promiscuous sexual intercourse. This man had a ring of soft chancres around his foreskin, which so agglutinated it that to retract it over the head of his penis he now finds impossible. The condition which you here witness is denominated phymosis, and its opposite, viz.: that condition in which the foreskin is constricted posterior to the glans penis, is called paraphymosis. Upon this man I am now going to perform the operation of circumcision, or cutting off the end of the prepuce, for two reasons, first, to secure proper cleansing and medication of the parts, and second, to lessen the probability of a recurrence of his present condition. Two forms of operation are here admissable. In the first place, I can slip a grooved director between the foreskin and the dorsal surface of the head of the penis, and with my knife slit the parts back. This allows the prepuce to retract, and the operation is completed by tacking, on either side of the slit, the skin and mucous membrane together. There is danger in this operation of introducing the grooved director into the urethra and slitting up the head of the penis. Sir Astley Cooper did this twice, as his work testifies. The way to avoid such an occurrence is to sweep round your grooved director after introducing it into the preputial opening, to see that its point is not confined. The second operation, and the one that I shall perform upon this patient, is as follows: First, I take the foreskin and making firm traction upon it, so as to elongate it as much as possible, grasp it obliquely in front of the glans with a pair of firm and rectangular-bladed forceps. The handles should lock. This an assistant holds. The obliquity of the seizure is from above downward, and from behind forward, so that the frenum shall not be cut. Then with my knife or scissors I shave off the foreskin, anterior to, and close to the forceps. This allows the skin portion of the prepuce to retract, while its mucus or under portion still remains phymosed and does not retract. This I slit back, using blunt-pointed scissors for the purpose, in a similar manner to that pursued in the form of operation first described. On turning back this mucous flap, it is astonishing to see what perfect apposition we obtain. The operation is completed by tacking together the edges of the flap by enough sutures to render apposition perfect. I prefer silk to wire for sutures here. The threads will remain from 48 to 60 hours, according to individual cases, amount of urine, tendency to hemorrhage, etc. This man will probably suffer from chordee, the best prevention of which is repose on a hard mattress and anodyne and cold water applications. I haven't much faith in the so-called antaphrodisiacs.

Impetigo.

This woman was a former occupant of the venereal wards. It is unnecessary to go into her previous history as she unquestionably suffers from tertiary syphilis. She presents on the back irregular marks or patches, here and there covered by irreg-

ular scabs. A superficial ulcer is here and there interspersed. There is a healing ulcer on her right ankle. This is a crustaceous eruption, or a form of pustular syphilis denominated *impetigo*, and re-rembling *ecthyma* or *rupia*. Anything with a scab like this before you, class under the head of pustular, and not bulbous eruptions. This affection was undoubtedly at first eczematous in character; but as the patient became broken down, and the poison meandered through her system, the pustular element prevailed.

Treatment.—Whenever you have to treat a scab eruption, get rid of the scab by an emollient poultice or other soft, soothing application. Starch, slippery elm, and flaxseed poultices all will answer. After the scab is gotten rid of, place upon the resulting ulcer a stimulating ointment. This is the very nut-kernel of treatment. The grade of inflammation here is not high, but sub-acute and low. If the ulcer is very deep, a mercurial plaster cut in bits the size of a dollar and renewed thrice daily, constitutes a good application. The citrine ointment, more or less diluted, is also beneficial. This woman is only 32 years of age, but her disease makes her look 40. She is emaciated, cachectic, broken-down. No student here would give this, or any other patient in similar condition mercury. She wants now, milk punch, beef tea, and cod-liver oil.

Treat the condition and not the syphilis. Give her warm under-clothing and proper baths. As she improves and regains tone, potassium, in 6, 8 or 10 gr. doses, thrice daily, will be admissable.

(An operation, without extended remarks, for external piles, concluded this clinic.) R. M. T.

Editorial Department.

Periscope.

The Relief of Pain after Surgical Operations.

M. Sedillot has recently communicated to the French Academy his views in regard to the use of electricity in surgery, which are translated in the *Bowdoin Scientific Review*. After calling attention to the fact that surgical operations are now usually conducted while the patient is in a state of absolute unconsciousness induced by ether or chloroform, he remarks that, upon the termination of the anæsthesia, the patient wakes to suffer severe pain. Opiates, refrigerants and chloral have been tried to wholly remove the pain, but without success. The alleviation is slight.

M. Sedillot states that the cauteries, both potential and actual, and the electric cautery, render cut surfaces insensible and free from accidents. But certain causes have interfered with their extensive adoption for the relief of pain in surgery. The hot iron answers far better than the potential cautery, but it cools very rapidly and must be often reheated. Its action is very superficial. Nelaton has employed the flame of illuminating gas, another has suggested the use of the jet produced by the ignition of hydrogen and oxygen.

Far better than any of these must be ranked the *electric* cautery on account of its intensity and the ease with which it can be managed. Professor Middendorpf, of Breslau, in 1854 published a description of a serviceable apparatus for electric-cauterization, but he states that in order to produce the best effects with the apparatus, it is necessary to produce merely a dull red heat of the wires. This, to be sure, is a heat sufficient to prevent any loss of blood, but is not enough to cause absolute dryness of the cut surface. Sedillot advises the use of a white heat in the electric cautery, as he secures by this means all the advantages claimed for the other degree of heat, together with additional advantages now to be mentioned. The remarks made upon the painlessness of severe burns must be given in the words of the author (translated):

"Burns of the third degree cause little pain. We have seen persons fatally burned who retained for some days their appetite, ability to sleep and even a hope of recovery. A workman who had thrust his foot into a stream of melted metal and drawn it out completely charred, did not suffer pain. A young girl whose garments had taken fire ran, frightened and in flames, down four flights of stairs and was completely scorched from head to foot. Yet in the short time during which she lived after the accident she suffered scarcely any pain. After her death the skin was dry, tense and without any pliability, giving to the body the appearance of a brazen statue. This painlessness, which is a matter of general observation, is to be explained by the destruction of the nerves. The heat from the electric cautery in like manner renders wounds insensible, and it is easy to understand that patients treated by this method, while under the influence of chloro-

form (which we do not always employ) should complain of no pain upon their waking. A little later, say from the third to the ninth day, an inflammatory reaction commences, usually very slight indeed, and of very short duration. Wounds covered by eschars are less exposed to contagions and infections of a miasmatic, putrid or purulent character than wounds produced by cutting instruments. On account of this fact the first possess a great superiority over the second. Liquids cannot be extravasated nor altered, and the repair goes on rapidly in these subcutaneous wounds."

The apparatus used by Sedillot is very simple, consisting of wires, or plates of platinum introduced within the circuit of a galvanic battery. These, as is well known, become intensely heated, and the degree of heat is perfectly within control.

In Sedillot's clinic many operations have been recently performed by this method. Among these may be mentioned the removal of dermo-fibroid tumors, cancroid and cancerous growths, and direct destruction of a fibro-epidermic tumor of the nose. In no case has any accident followed the use of this cauterizing plate or wire. Sedillot gives the following as his conclusions: *a.* The electric cautery (electro-thermic) prevents pain after the operations *b.* prevents loss of blood; *c.* prevents retention and alteration of fluids; *d.* prevents infectious, putrid and purulent complications; *e.* presents the most favorable conditions of sub-cutaneous wounds; *g.* is absolutely under perfect control, so that tissues may be changed to eschars, or carbonized, or even volatalized, as occasion may require; *h.* clinical experiments place electro-thermic among the most remarkable improvements of modern surgery.

Snuff-Taking; Its Utility in Preventing Consumption.

John C. Murray, M. D., stated at the last meeting of the British Medical Association, that the proposition that an habitual snuffer seldom or never died from consumption was consonant with the experience of himself and others. He further declared that six cases of recovery from phthisis consequent upon free snuff-taking had come under his own notice; and concluded that snuff-taking is in some degree preventive of consumption and its frequent concomitant bronchitis, in virtue, perhaps, of its derivative and *quasi* counter-irritant action. The way to cure a cold, according to Dr. Murray, was to have recourse to snuff-taking at once.

Dr. Macgregor said, that whatever influence snuff might have as a prophylactic of phthisis, it was rather to much to expect that, if tubercle were once deposited in the lungs, any amount of snuff would displace it, or in any way cure it. There was no doubt that snuff might prove a disinfectant to many smells and noxious gases taken by the nose and mouth, and in that way act as a preventive of fever and infectious disease; but how it could act as a preventive of phthisis—of a disease which might be inherited and be in the blood of the person, born with him, in fact, and part of his nature—he could not understand. He believed that to the regular snuff-taker, instead of producing irritation of the mucous membrane, snuff had a soothing effect; so that he could not see how the discharges were increased by it. At first, it proved an irritant, and the discharge might be accelerated; but, even admitting that, instead of being taken into the lungs in any way, it was always taken into the stomach. There was no doubt that the decided snuff-taker swallowed a great deal; it had been found in the stomach in *post mortem* examinations.

On the Air in Workshops.

The *Bowdoin Scientific Review* contains an article from Dr. SIGERSON, in which he says of the air of iron works:

Although a quantity of this iron, carbon and ash must daily pass in and out of the lungs, and besides, although a certain percentage must remain in them (as shown by Pouchet's dissections and Prof. Tyndal's experiments), it is difficult to find a healthier body of men than those who work in such factories. Dr. Sigerson observed one exception, a young man whose lungs were weak, and who had suffered from blood spitting, with cough, contracted in an American foundry, where the heat was excessive. He inquired whether the atmosphere heavy with dust did not affect him injuriously. The artisan replied in the negative; he said that he found himself well in it, his cough came on at home on rising and lying down. These facts seem to indicate that the carbon poured into the air of cities from gas-lights and fires may not have so injurious an effect as sometimes faucied.

In the air of a shirt factory, fine threads and fragments of cotton and linen were found, with a few ova which were translucent. In this factory the girls had become snuff-takers.

In the air of an oatmeal mill, fibres were seen present in unexpected numbers, together with minute fragments of the hull and a few starch granules. Some spores and acari were detected. Near a threshing mill some smut balls were found in the air.

The air of flax mills was found to be especially deleterious. Fine particles of the flax, together with pointed particles of the hard bristly wood tissue, so that direct injury was done to the

lungs by these, and concretions formed by the filaments. The mill people were great sufferers.

The air of printing offices contains minute particles of metal, particularly antimony. Dust taken from a rafter eleven feet above the floor of a printing office was analyzed by Professor SULLIVAN, and found to contain antimony but no lead.

The air of a hair-dressing room contained scales and minute hairs. In rooms where the machine brush is used the amount is increased.

The air of the dissecting room contained fragments and fibres with the mark of the dissecting knife upon them! They were fibrils of muscles, yellow and white fibrous tissue, some cells, scales and corpuscles. The air of stables was found to contain moth scales, a few spores, hairs and fragments tinged blood-red.

Tobacco smoke, examined by the microscope, was seen to hold little globules of nicotine twirling and flitting about in it. The statement is made by Dr. S. that "some remained on the walls of the mouth; when the smoke is breathed (by novices) more globules are retained in the lungs, and nausea and illness supervene. These globules, if found in the air distributed by a tobacco smoker, might be taken for germs."

The air of the rooms of "tea-tasters" was examined, but no report is given. An interesting observation, however, in regard to the avocation of the tea-taster will be quite new to our readers. The tea-taster has to take a sip with a quick inhalation, and thus a small shower of fine tea-drops enters the lungs. On examination of such tea-drops, a considerable quantity of tissue from the leaves was found, which might aid to tease the lungs. But the real agents of mischief were numerous little drops of essential oil, very plentiful in Assam tea, which was particularly severe on the tea-tasters. Nausea, derangements (or as Dr. S. says, dis-arrangements) of the nerves and sometimes syncope afflicted them.

Cause of Gonorrhœa.

Prof. W. A. HAMMOND, of New York, in his "Lectures on Venereal Diseases," asserts his belief, which he supports by cases, that gonorrhœa may be introduced either by the virus of hard chancre, or by the virus of soft chancre, when the chancrous matter has been deposited for a certain length of time upon the mucous surface, without any abrasion being present, or without any chancre following. Vaginitis and urethritis may be induced by other causes, but true gonorrhœa owes its origin to the contagion of chancrous pus alone. He also believes that the gonorrhœa induced by the matter of a hard chancre will be followed by and may impart constitutional syphilis, just as if a chancre had been present. Dr. Hammond's opinions in this respect coincide with those of Hunter. The experiment of Ricord appeared to have finally decided the question that gonorrhœa was incapable of producing syphilis, and that they were totally different disorders. But the conclusions arrived at by Dr. Hammond are:

"1st. That the virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease.

"2nd. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis."

Similar propositions are made about soft sores.

Reviews and Book Notices.

NOTES ON BOOKS.

Transactions of the Medical Society of the State of Pennsylvania, at its Twenty-first Annual Session, held in Philadelphia, June, 1870. Published by the Society: Philadelphia: 1870. 1 vol., 8 vol., pp. 216.

Besides the minutes and the addresses, most of which have already appeared in these pages, this volume contains the reports of special committees and of county societies. Appended to the former are two articles of scientific interest, one by Dr. WILLIAM H. GOBRECHT, of the antidotal effect of chloroform on strychnia, and a description, accompanied by a plate, of a compound craniotomy instrument by Dr. R. L. SIBBET.

Dr. JOHN L. ATLEE corroborates the statement of Prof. Gobrecht by another striking example, rightly considering that if chloroform is an antidote to a poison, so commonly used as strychnia, the fact should be universally known.

The reports of the county societies, we regret to say, are even more meagre than ordinary, both in subject and treatment. They altogether occupy but eighty-two pages, including biographies, etc. The material of scientific interest they contain is extremely limited, and reflects little credit on the profession in the State. This is a natural consequence of allowing politics and partisanship to occupy too much attention at the annual meetings.

Of the county reports which offer an exception to this rule, we mention as more conspicuous, those from Columbia and Montour, Delaware, Fayette, Mercer, and Schuylkill. We would be glad to extend the list, but whoever will examine the volume will see that it is difficult to do so.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 15, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

PUBLIC CONCOURS FOR HOSPITAL SERVICE.

In most hospitals in this country the services of the medical staff are rendered gratuitously, or nearly so. This is not done out of charity, or humanity, as unsophisticated laymen sometimes suppose, but because such a position offers a physician or surgeon an excellent opportunity to acquire a perfect professional knowledge, and also acts as an allowable sort of advertisement, bringing him more or less prominently before the public in his professional capacity, inspiring confidence, extending his acquaintance, and giving the impression that he has been chosen for this post through his unusual skill.

All this is as it should be, and is a proper reward for gratuitous labor, and in turn we should, as honorable men, see that the public are not deceived in this matter, and that the suppositions they base on such a fact are not incorrect. There is only one way in which this duty to the public can be performed, that is, by requiring an open and impartial examination to be the test and the only test of qualification for such positions. No one can be opposed to this except those who wish such positions, and feel that they can never attain them if this is the only avenue.

In all our great cities there is an amount of toadyism, wire-pulling, and nepotism displayed in filling such positions, as is disgraceful to our profession, and utterly discouraging to many high-spirited, able, young practitioners.

The editor of the Cincinnati *Medical Repertory* has been urging these arguments with considerable force. He says in a recent issue:

Since we made the suggestion that positions upon the staff of the Cincinnati Hospital should be competed for by public concour, it has met with the hearty approval of the profession of the city. When it is the object, as it is professed to be, to fill the staff with the best men, every one perceives that the only method to test a candidate's actual and comparative merits is by competitive examination. Without such a plan, an individual's own testimony, or that of his friends, must be taken as to his superior qualifications, which, in either case, would be regarded by a sensible person as a very absurd mode.

Not only ought situations in hospitals, but professorships in medical colleges should be filled in a precisely similar manner. We have urged this important subject for years, and we are glad to see other journals at last taking up and defending this view. It is the only one consonant with the institutions of our country, whose spirit ever is to make merit the only qualification for posts of trust and honor.

Notes and Comments.

The Cholera.

It is reported that the cholera has appeared at Tishni-Novgorod, Russia, and is spreading rapidly. In St. Petersburg there were 260 cases, Sept. 25th, in the hospitals.

The Phenophthalmotrope.

This name has been given to a machine invented by Dr. Donders, of Utrecht, for elucidating the movements of the eye-ball. By means of it the mathematical analysis made by Prof. Helmholtz of the ocular movements may be practically demonstrated.

Vermont Medical Society.

The fifty-seventh annual session of this society will be held at Montpelier on Wednesday and Thursday, October 19th and 20th. The president's address will be delivered on the evening of Wednesday. Reports of cases in practice, of the committee on epidemics, and papers on various medical subjects, will be presented during the session. By general arrangement, the railroads of the State carry all persons going to the meeting for fare one way.

Correspondence.

DOMESTIC.

The Albany Medical College.

EDS. MED. AND SURG. REPORTER:

In your issue of Sept. 24th, an article appears headed: "*Mistaken Liberality.*" You state that "through the kindness of medical friends" you had received "two copies of the *Albany Argus*, containing the following information, headed: Liberality of the Albany Medical School. "The Hon. Ira Norris delivered the opening address at the College yesterday morning. The address was able and interesting, and we were pleased to see many homœopathic physicians in attendance. Mr. Norris is a firm believer in and patron of homœopathy, and fills a chair in the College. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine, are being removed, and to see that our College is taking the initiatory step towards such an achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the College are firm believers in homœopathy."

Your "medical friends" who so kindly sent you two copies of the *Albany Argus* are *no friends* of the Albany Medical College, and the article in the *Argus* was written for the purpose of injuring the College, and not for the sake of promoting the advancement of *homœopathy*. The same friendly people have been equally attentive to other medical periodicals, and their editors seem to be as ready to second them in obtaining the accomplishment of their object, as the editors of THE REPORTER. It is to be regretted that the conductors of medical journals should be so ready to receive from anonymous and irresponsible correspondents what may prove injurious to individuals and institutions. Within the last year several base attempts of that kind have been made to injure the Albany Medical College, but thus far without success.

It is true that the Hon. Ira Harris delivered the opening address, and that it was able and interesting (as might be expected from that distinguished gentleman), and drew together a large audience. Among them, I am informed, were two or three homœopathic physicians.

Judge Harris is President of the Board of Trustees of the Medical Department of the Albany University, and one of the Professors in the Law Department, and has consented to deliver a few lectures on medical jurisprudence, the present session, to the law and medical students. He holds no chair in the medical school as one of its professors. What his views on the subject of homœopathy are, I do not know, for I have never conversed with him on that subject. The original trustees were appointed by the Legislature that incorporated that College, and whether they are favorable to homœopathy, hydropathy, or any other pathy, is no affair of the Faculty of the College, as long as they do not interfere with them. The nomination of Professors is left to the Faculty, and everything relating to teaching and conferring of degrees, the trustees only certifying that the candidates have complied with the statutes and charter of the College.

There is no more "fraternization" at the Albany Medical College with homœopathy, or any other irregular sect in medicine, than in the University of Pennsylvania; and all requirements mentioned in its circulars are as rigidly enforced as in any Medical College in the United States.

The Albany College would wish not only to retain the good opinion of the respectable part of the profession, but to deserve it—also, to be well spoken of by the medical press.

It may not be pleasant news to your "medical friends"—but it is very pleasant to myself to find that the Albany Medical College has not been for several years more prosperous than at the present time, and that so far as the newly appointed Professors or Lecturers have had a chance to lecture, the students are highly gratified by their efforts.

I trust your sense of justice will insure you to insert this communication in your journal to counteract the injustice your editorial remarks, in a former number, are calculated, I presume unintentionally, to do to an institution over which I have the honor to preside.

Yours respectfully,

JAMES MCNAUGHTON, M. D., President.

Albany, Sept. 30, 1870.

[We very cheerfully insert Dr. McNaughton's letler, and are sincerely glad to have such a complete refutation of what appears to have been a slander. We would have been still more gratified if we had learned that steps had been taken to secure *only* such lecturers on medical matters in the college as do not sympathize with homœopathic views, which was not done in the case of Mr. Harris, as appears by the above letter. If he *is* a "firm believer" in homœopathy, he is not, in our opinion, a suitable person to lecture on forensic medicine in a regular college. We were led to suppose—and we should like to know whether correctly or not—that in his address Mr. Harris spoke in favor of fraternization. —EDS.]

Originality in the Use of Ergot in Ante-Partum Hemorrhage,

EDS. MED. & SURG. REPORTER:—

I answer to Dr. RODEFER'S labored effort (MED. & SURG. REPORTER, Aug. 20th), to show an intelligent profession that I was laying an unjust claim to originality in the use of the ergot in hemorrhage before the delivery of the child, etc. I only said that no obstetrical writer, so far as I know, had made use of the drug in such cases; and it was an oversight on my part that Dubois, one living writer, has so recommended it. I think Cazeaux talks about it in such a way that shows that he does not think much of the plan. My claim was not intended for Europe; but I did think that among my own countrymen I was certainly one of the first who had brought this subject before the profession.

Claremont, Ill. O. A. BATTSON, M. D.

NEWS AND MISCELLANY.

——The late Dr. Von Graefe, the celebrated Prussian oculist, shortly before his death made a donation of fifty thousand dollars to the poor of his native place.

——Dr. W. H. Jones, a prominent physician residing in Cleveland, Ohio, was shot and instantly killed on Saturday by Dr. Gallentine. Gallentine immediately surrendered himself to the police, and is now under arrest awaiting examination.

——Dr. S. W. Thayer, of Burlington, Vt., Professor of Anatomy in the University of Vt., it is said, will be absent in the employ of the Northern Pacific Railroad until March next. He is now organizing a medical department of the road to accompany the survey and construction parties.

QUERIES AND REPLIES.

MESSRS. EDITORS:—H. M. L., in the REPORTER of June 18th (among its queries,) notices a case of perforation of the bladder by a sound of a homœopath, while on an exploring expedition for stone. And asks: "Where can I find reported a parallel case?" I will furnish one.

"A Homœopath (to my knowledge,) labored faithfully for over *two hours* to get the forceps upon a breech, in a case of labor, supposing he was at work on the head. The result was that he did not succeed in applying the instrument, but did succeed in forcing their points into the nates, making two wounds about two inches in length, by half an inch deep. When questioned in reference to the presentation, he replied, that he mistook the soft and yielding buttocks for the cheeks, and the anus for the mouth of the youngster." J. B. D.

MARRIED.

APPLETON—RITTER.—At the Church of the Ascension, New York, Oct. 5, 1870, by the Rev. F. B. Van Kleeck and the Rev. John Cotton Smith, William G. Appleton and Kate, daughter of Washington Ritter, M. D.

DUNHAM—MCPHERSON.—September 15th, by the Rev. Robert Alexander, assisted by the Rev. J. Stevens, Dr. William H. Dunham and Miss Mary K., daughter of Dr. J. T. McPherson, both of Fairview, Ohio.

GERHART—WILSON.—On the 4th inst., by the Rev. Joseph E. Smith, Joseph M. Gerhart, M. D., of Bucks county, Pa., and Miss Clara E., youngest daughter of the late David G. Wilson, Esq., of this city.

HEMENWAY—REED.—In Bethany (Cong'l) Church, Montpelier, Vt., Sept. 21st, by Rev. Wm. H. Lord, D. D., Lewis H. Hemenway, M. D., of Manchester, and Miss Maria Reed, of Montpelier.

HUNT—TANDY.—At the residence of the bride's father, in St. Louis, on the 27th ult., by the Rev. Dr. Brooks, Mr. Claiborne B. Hunt, of Louisville, Ky., and Miss Virginia K., daughter of Dr. D. C. Tandy.

JANES—SPALDING.—In Haverhill, N. H., Sept. 16th, by Rev. E. H. Greeley, Henry D. Janes, of New York city, and Miss Ada L., daughter of Dr. Phineas Spalding, of Haverhill.

LEWIS—DUFF.—September 29th, at the residence of the bride's father, by Rev. Samuel Laird, Dr. D. W. Lewis and Anna W. Duff, all of Pittsburg.

MECHESNEY—MCCHESNEY.—September 21st, by Rev. George K. Scott, assisted by Rev. A. Donaldson, D. D., at the residence of the bride's parents, A. C. M. Mechesney, M. D., of Union Grove, Wis., and Lizzie M., only daughter of R. McChesney, M. D., of Shelocta, Indiana county, Pa.

NEEDHAM—HENKING.—October 4th, at the residence of Charles Henking, Esq., by Rev. R. Breese, W. C. H. Needham, M. D., and Miss Florence A. Henking, all of Gallipolis, Ohio.

ZEIGLER—ODENHEIMER.—On the 27th of September, by the Right Reverend William Bacon Stevens, D. D., George J. Zeigler, M. D., and Anna M. Odenheimer, both of this city.

DIED.

BURDICK.—In New York, October 1st, Catherine Elisabeth, wife of S. P. Burdick, M. D., aged 27 years and 11 months.

HENDERSHOT.—July 3d, at her home in Otiv, Marion county, Iowa, of congestive chills, Mrs. Eliza J., wife of Dr. John T. Hendershot, in the 28th year of her age.

MOSES.—In New York, October 4th, Dr. I. Moses, late surgeon of the United States Army.

He was a very skillful surgeon, one of his most successful procedures being the cure of fistula in ano without operation (by means of compressed sponge).

TERBELL.—In Corning, N. Y., September 21st, of disease of the heart, Celina N., wife of W. D. Terbell, M. D., aged 46 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 712.] PHILADELPHIA, OCTOBER 22, 1870. [Vol. XXIII.—No 17.

Original Department.

Communications.

MERCURY AS AN ANTIPHLOGISTIC AND CHOLAGOGUE.

Read before the Lewis County, West Virginia, Medical Society, August 27, 1870.

By Dr. T. B. Camden,

Of Weston, West Virginia.

In medicine, as in other sciences, ours is an age of progress, discovery and theory. In comparing the latest works on physiology, pathology, and practice of physic, with those of the olden time, we are struck with the vast change that has taken place. The received opinions that have stood the test of scrutiny for centuries are now being overhauled and subjected to the ordeal of scientific research and experiment, and many theories that have been acknowledged as facts, and have by common consent passed into laws, are now found to be in direct opposition to fact, as tested by actual experiment.

Such is the case in regard to the action of mercury. We are taught by the "United States Pharmacopœia" "that there is no fact better established in medicine than that of the influence of mercurial preparations over the hepatic system." Yet if we credit the experiments of Dr. Bennett and others, we are forced to believe the contrary. We have been taught that mercurials were antiphlogistic in their action. But to use the words of a recent writer, "theory, as well as experience, says it is contrary to the teachings, both of pathology and experience, to believe that it can in any way prevent or cure inflammation."

Such is the difference of opinion as regards the action of mercury. Whilst some of these experiments are founded on fact, and must be accepted as truths, other alleged discoveries and theories are often blinded by false reasonings, and by an over-anxiety to produce something new, and it behooves us as members of an honored and learned profession to watch with jealous care any innovation upon the precepts and experience of the "Fathers" of medicine, and weigh well and test as far as possible, by actual experiment, the various theories, before accepting them as truths. But when thus tested, and found to be even in opposition to our preconceived opinions, it becomes us, as searchers after truth, to yield to science and progress, although by so doing, we relinquish our life-long theories, that have almost become a part and parcel of ourselves.

Mercury appears to have been first used *internally* by Paracelsus, about the year 1520, although Theoduc, the Friar, in the twelfth century, describes the salivation that mercurial friction will produce. Calomel is first mentioned, although obscurely, by Oswald Crollins, in 1608; in the same year Bequin described it most fully and clearly. After this time chemistry took possession of the schools, and gradually the other preparations were discovered and introduced; and at this period there is no medicine in the pharmacopia that enters into so many different recipes as that of mercury in its different combinations. In looking over "Griffith's Formulæ," we find no less than 192 different recipes with this mineral entering into and forming the active part of the prescription. We learn by this that it is a drug of powerful import in medicine, nor is there any remedy that has been more extolled and more abused than mercury.

Until the year 1852 mercury was acknowledged by the profession to have a direct action on the secretion of the liver, promoting the secretion of bile, relieving the portal circulation, and, in fact, correcting any vice of the liver. It is likewise conceded by authors and

teachers to possess antiphlogistic and alterative powers.

The United States Dispensatory says "there is no fact better established in medicine than that of the influence of mercurial preparations over the hepatic system, and whether the liver be torpid and obstructed as in jaundice, or pouring out a redundancy of morbid bile, as in melæna, its judicious use seems equally efficacious in unloading the viscus and restoring its secretions to a healthy state." In chronic inflammation of the mucous and serous membranes, the alterative effects of mercury are sometimes attended with much benefit. In many cases of effusions mercury often proves useful by promoting absorption of the fluid as well as removing the chronic inflammation on which the effusion depends. Hence, the metal is given with advantage in chronic forms of meningitis, bronchitis, pleuritis, hydrocephalus, hydrothorax, ascites and general dropsy. It may also be advantageously resorted to in certain forms of remittent fever. It acts in such cases by increasing the secretions, and stimulating the exhalent capillaries, and, perhaps, by producing a new impression incompatible with the disease.

Prof. WATSON says: "Next to blood-letting, mercury is far superior to purgation in serous inflammation, and is really a powerful agent in controlling inflammation, especially phlegmonous, adhesive inflammation, such as glues parts together and spoils the texture of organs; and the great remedial property of mercury is that of stopping, controlling, or altogether preventing, the effusion of coagulable lymph, or bridling adhesive inflammation, and is also of great service in many cases of chronic inflammation when textures have been slowly altered by a gradual deposition of lymph; and mercury, given with the view of promoting absorption, must be slowly and gradually introduced into the system, and its specific influence, when at length it is felt, must be sustained for a considerable length of time." He says "you must not expect good, but, on the contrary, in scrofulous inflammation, and when the scrofulous diathesis is well marked, you should be careful in giving mercury at any time."

In WILLIAMS' principles of Medicine he says: "Mercury increases the secretions of the liver, and this is an important fact, however difficult it is to explain." And he also says: "Another great remedy in inflammation is mercury alone or combined with opium." Dr. HAMILTON, of Lynn Regis, first employed mercury with opium in inflammation. He says "we find mercury chiefly useful when we find the blood presenting the 'buffy coat,' and there is a tendency to copious fibrinous effusions, as in inflammation of the serous membranes in croup." "It is more useful in the more active inflammation, bringing away dark green matter, which, according to Dr. BIRD, resembles the coloring matter of the blood rather than the bile in its composition, and this operation of calomel does in truth resemble that of blood-letting, being more actively antiphlogistic in large than small doses."

Prof. GEO. B. WOOD says: "For nearly 30 years I have used this remedy (calomel) in the irritative fever of children; have never seen it do harm, and have frequently found it to put an immediate end to the disease." "How it operates is a matter of conjecture; perhaps it may do good by its powerful influence over the liver, *promoting a free secretion of bile*, and unloading the portal circulation. Perhaps it may have a peculiar alterative effect. But the fact rests not upon theory, but upon experience."

We deem the foregoing extracts of the opinions of our most celebrated authors and teachers of medicine, and I may say also the universally accepted opinion of the profession, sufficient to establish the fact that it has been the received opinion that mercurials have a direct action upon the liver in increasing its secretion and flow of bile into the bowel; and, secondly, that its action in certain doses is antiphlogistic and alterative.

We now present the views and experiments of physicians of more recent date, which are in direct opposition to the foregoing opinions.

And first we will notice it as an antiphlogistic. But before doing so it will be more intelligble to view briefly the difference of opinion between the ancient and modern pathology in inflammation; and upon which depends, to a certent extent, the basis of the argument, "that mercurials are not antiphlogistic in their action." Hunter, and his disciples, held and taught that the inflammatory condition was an increased vital action—modern pathologists teach us that it is *a diminished vital force* or retrograde metamorphosis, and that the rapid pulse and active delirium, like the increase of the animal heat,

are signs of a *deficient balance-power*, and in an increase of temperature we see but increased waste.

How different to us of the present day the value of the symptoms which were formerly considered indicative of strength! The theory heretofore accepted, that the presence of fibrin in the blood in undue quantity was looked upon "as an element of blood in an upward stage of development, and tending at all times to add vigor to the morbid process of inflammation, and contributing, so long as its presence was manifest in an undue degree, to the detriment of the body." But of late years the presence of fibrin in the blood, either in health or disease, is considered as an element indicative of *disintegration and decay;* and when thus found in the blood, is not to be regarded as an element of inflammation, but as an element of absorption derived from the diseased parts, and is in proportion and in quantity to the supply of lymphatic vessels in the affected tissues.

Thus in inflammation of the brain the phlogistic crasis is absent. This fact is referred by VIRCHOW to "the absence, or almost entire absence of lymphatics in that organ. On the other hand, the blood is loaded with fibrine in inflammation of the bowels or pleura, which are truthfully supplied with lymphatics." As a further proof that the fibrine of the blood is rather an effete material than an element ripe for nutrition, it is only necessary to recur to the fact that violent and fatiguing exertion rather increases than diminishes it. Bleeding, no matter how often repeated, never lessens, but generally augments it. Dr. FRANZ SIMON ascertained, by starving a horse four days, that the fibriue in his blood rose from 5 to 9 parts in 1,000. The buffy coat is not equally marked in equal degree of inflammation of all the organs; nor does its presence by any means indicate what is termed a sthenic condition of the system, it being present after repeated and exhausted bleedings, in chlorosis, in mercurial salivation, and other equally adynamic conditions. The increased heat of the body in inflammation is from a "hyperoxidation of the living elements of the body," and is sustained in a great measure, either directly or indirectly, at the expense of the tissues—a burning up of the tissues of the body, and generating heat by the destructive change or combustion.

But no matter what the grade of inflammation, or where its seat, it invariably is the occasion of certain morbid products either in or around the tissues affected. This exudation or inflammatory lymph is divided by Paget into two varieties, the "fibrinous," and the "corpuscular;" the former "apt for development," whilst the latter is prone to disintegration. "But although the fibrinous variety is possessed of far more aptness for organization than the corpuscular, it is nevertheless far below normal tissue in point of vitality." The nearer the blood approximates to the normal standard of health the more apt is the inflammatory lymph to be of the fibrinous variety; the greater its vitality and power of development, and the less prone to take on that suppurative condition toward which the corpuscular variety is ever tending. "It may be laid down as a general rule, therefore, that whatever weakens the tone and vigor of the system tends also to impair the vitality of inflammatory products, and to change what would, under favorable circumstances, be plastic into aplastic, or suppurative lymph."

Now the non-mercuralists contend that mercury will bring about that condition of the blood most unsuited to repair damage, or in other words, convert fibrinous lymph into the "corpuscular" or suppurative variety, by lowering its vitalizing properties; and as an evidence of its impoverishing effect upon the blood, and wasting of the body, we take the analysis of the blood of persons under the mercurial influence, by Dr. Wright, which reveals the fact that it has lost one-third of its fibrine, one-seventh of its albumen, one-sixth or more of its globules, whilst at the same time it is loaded with an effete material, and is more prone to putrefaction. From experiments made on six dogs with mercury, as reported by Dr. J. HUGHES BENNETT, August 7, 1868, we find dog No. 1 weighing 30 pounds, losing 8½ pounds in 18 days, from 12 1-5 grains of corrosive sublimate, and dying from its effects; dog No. 2, weight 18¼ pounds, lost 4 pounds in 8 days from 4½ grains, and died; dog No. 3, weight 24 pounds, lost 3¼ pounds in 9 days from 7 1-5 grains, and died; No. 4 died second day, lost ¼ pound in 36 hours from 3 1-5 grains; No. 5 died in 15 days, having lost 7¼ pounds in 13 days, weight 38½ pounds; 19½; grains given; No. 6 died in 11 days; lost 7 pounds from 19 1-10 grains. Each greatly emaciated, great weakness, tremor, staggers, liquid fæces, mixed with blood, and nasal discharges before death.

My friend Dr. COLES, of Parkesburg, has written a very excellent article on "The use of Mercurials in Inflammation," and published in the St. Louis *Medical and Surgical Journal*, May 10th, 1869, in which he says: "It is contrary to the teachings of both pathology and experience to believe that mercury can in any way prevent or cure inflammation;" and again says: "Given at the height of inflammatory process mercury never shortens, but often, in striking a deadly blow at vitality itself, actually does harm; but it may prove hurtful in another way, by thwarting the wise and conservative provisions of nature."

He says: "All observations in the animal kingdom, as well as all analogies in the vegetable world, teach us that there is an intrinsic vital tendency to repair damage wrought in their tissues by disease or injury, so long as life lasts. If a traumatic injury is received, the injured part at once becomes the seat of an irritation running rapidly into inflammation, with effusion of lymph, which lymph, if it be of a healthy character, is made subservient to the work of reparation. If no disturbing element interferes, the local effusion takes on that vital action most needed to repair the particular part injured. If a bone is broken, the effused lymph undergoes ossification. If a muscle or a tendon is severed, the product of inflammation does not ossify, as in the former case, but assimilates itself to the parts injured."

"Inflammation, wherever it arises," to use the words of CHAMBERS, "is essentially a work of destruction, but opposed to this is the element of construction, whereby the process of disintegration is not only checked, but repaired. The scale of life or death turns with the preponderance of one or the other of these forces, and with the immortal precept of Cullen ever in mind, we should strive to 'obviate the tendency to death.' Now, what is the tendency to death in inflammation, and upon what do we base our prognosis in such cases? We answer by saying that inflammations either recover after running through a certain course, or else there comes a time when construction surrenders to destruction, and vitality ceases. Asthenia, then, is the general cause of death in inflammation."

"It is precisely here that the question arises: Are we justified in the present state of our knowledge of the inflammatory process, in assuming that that state of the blood, induced by mercury, is a desirable condition upon which to found a favorable prognosis? We believe not, and are borne out in this conclusion by every aspect in which the case can be viewed.

"It will readily be conceded that the result of inflammation is considered favorable or unfavorable in proportion to the vigor of the patient. In other words, we know pneumonia, like all other inflammations, runs through progressive stages, and if the patient can but weather the storm he will sooner or later arrive at a port of safety. But the advocates of mercury claim that its timely administration will actually cut short the disease, starving out the morbid process of a destruction of the inflammatory element of the blood. Now both of these assumptions are founded on an exploded pathology, and are inconsistent with observations and experience. Modern pathologists have demonstrated that hyperinosis, which mercurialists contend is the fuel that adds fury to this morbid flame, *is the result* and not the *cause* of inflammation; it represents the ashes of a retrograde metamorphosis in the tissues. To defibrinate the blood with mercury, therefore, is no more potent in stopping inflammation than the removal of the cinders is effectual in extinguishing the combustion within the stove. But the effect of mercury in these cases is not only negative, it is *positively* injurious; indeed, in many instances it is the worst thing that can be given, for, as Chambers remarks, "mercury distances all the contents of our pharmacopœia in the power of hastening destructive metamorphosis. By destroying the fibrin and globules of the blood it loads it with an effete poisonous material, lowers its vitalizing properties, and thus takes away the last bulwark which defends the tissues against disintegration."

"Not only is mercury injurious in thus striking a deadly blow at vitality itself, but it may prove hurtful in another way by thwarting the wise and conservative provisions of nature." Pathology teaches us that inflammatory effusions are of two kinds, *fibrinous* and corpuscular, and that the tissues involved exercise a large, determinating influence over the character of the effused products. Like the lymph around a broken bone, the effusions of inflammation under auspicious circumstances are always of a character favorable to a speedy and safe recovery. That the products of inflammation in shut sacs, such as the pleura, peritoneum,

pericardium, and the like, is fibrinous, and thus favorable to rapid absorption or the adhesion of opposing surfaces, seems to be in accordance with a wise law; this law only holds good, however, so long as a certain state of vitality is maintained. In proportion as the destructive metamorphosis gains upon the power of construction in the system do we find the effusion or serous membranes become less and less plastic with each successive layer; what was in the beginning fibrinous lymph has become corpuscular or suppurative, a condition most unfavorable to recovery.

"Now it is in inflammation of serous membranes, such as we have mentioned, that the advocates of mercury contend that it is particularly advantageous, and for the reason that the exudation in these cases is typical of what they call a *sthenic* condition of the system. Thus it is that they would seize hold of one of nature's wisest safeguards as a pretext for reducing the vital forces to the very standard which, in these same affections, constitutes the chiefest danger to the weakly, shattered subject of previous ill health." "Given at the height of inflammatory process, then, we contend that mercury never shortens, but often aggravates and prolongs it by interfering with nature's cure, which is most active and efficient when the system is strong and vigorous, and the blood rich in vitality."

"From the argument here adduced we would naturally suppose that those who do not believe in the antiphlogistic power of mercury would oppose its exhibition in pneumonia, plurisy, pericarditis, rheumatism, etc.; such is the fact. Dr. FULLER says "it exerts no perceptible influence over rheumatic poison, nor does it prevent the access of cardiac inflammation, for pericarditis and endocarditis supervene as readily whilst the patient is under the influence of mercury as when that drug has not been administered." Dr. MACLEOD says: "Rheumatism has continued, although the mouth was effected, while it has readily subsided on continuing the narcotic and purgatives without the mercurial."

Dr. Chambers does not give mercury in acute pericarditis, and although his reason for not doing so seems to be founded on a single case, yet his authority gives weight to his views. He says: "Ten years since, a robust and excitable girl of sixteen had rheumatic fever; from her constitution, I feared she was likely to have her heart affected, for young persons of a nervous temperament are much the most liable. I had an impression then that mercury would prevent the occurrence of inflammation in serous sacs. I put her under the influence of mercury; the pericarditis came on, and the patient died in the height of it. This result made a deep impression on my memory; her fair young face always rises before me when the idea is mooted of preventing pericarditis with mercury, and I shrink from using it."

Dr. JNO. TAYLOR gives an analysis of forty cases of pericarditis: "Ptyalism produced no abatement in twelve cases; in one case pericarditis and pneumonia became aggravated after ptyalism; in three cases endocarditis supervened after ptyalism; pericarditis attacked the patient after ptyalism in six cases; in one case, ptyalism could not be induced, yet the pericarditis went on favorably; in two cases, ptyalism was followed by extensive pleurisy; in one by erysipelas and inflammation of the larynx; in two cases, rheumatism continued long after ptyalism was produced; in the remaining four cases ptyalism was followed by recovery; but in one of them the patient was mending when the mercury was given."

PROF. FLINT says (in Cerebro-spinal Mengitis, 1866), "Mercury, tartar emetic, active purgatives, extensive vesication to neck and back, etc., are among the measures which have been more or less largely employed, but it is difficult to determine from the literature of the subject, their agency respectfully, for good or harm."

In the second stage of pneumonia he says: "Can we give remedies to excite absorption and thus shorten the duration of the second stage of pneumonia? With our present knowlege of the course of the disease in cases in which no active measures of treatment are employed, and after a large experience of the value of tartar emetic as a sorbefacient, its utility is, to say the least, doubtful."

"*The same remarks are applicable to mercury*, given with a view to effect the system. I have now for many years ceased to employ these remedies for the purpose under consideration, and have seen no reason to be dissatisfied for discontinuing their use." In the second stage of liquid effusion of pluritis, he says: "The remedies supposed to act as sorbefacients are mercury and iodine. *Mercury* I have long *ceased to employ* for this end of doubtful efficacy;

the annoyance and other evils incident to mercurialization render it objectionable."

Of 1,189 cases of pneumonia treated in the hospitals of Edinburgh, Paris, Vienna and Milan on the antiplogistic plan, more or less heroic in its details, 270 deaths occurred, or more than 1 in 4¼. Dieth, in Vienna, treated 380 cases as follows: 68 by blood letting; mortality, 1 in 5; 84 by tartar emetic; mortality, 1 in 5.22; on the other hand, 175 were treated by diet alone, with a mortality of 1 in 13½. Dr. BENNETT, to whom we are indebted for the revolution in the therapeutics of pneumonia, reports 129 cases on a strictly restorative plan, with a mortality of 1 in 34¼. Dr. A. T. H. WATERS, who is no friend of the antiphlogistic use of mercury, has been lucky enough to cure 43 out of 44 patients. Dr. COLES says: "Out of 14 cases treated in Bellevue Hospital, one death occurred, and the common treatment in that hospital consisted in dry caps, oil silk jacket, occasional blisters, nutritious diet, together with stimulants when required. Of six cases treated by him in Parkesburg, one case was salivated and died, the others were treated by supportive plan, without mercury, and recovered. The one salivated was pneumonia supervening on typhoid fever, and was a bad test for salivation, and indeed, we can readily conceive that it would do harm by impoverishing an already depraved condition of the blood."

Dr. GULL, of London, in 1868, in "Clinical Observations," says: "We know that we cannot directly control the morbid processes in pneumonia, pleurisy, or pericarditis; we know further that the means formerly considered essential to the cure of these diseases, tested by better clinical observations, were either useless or pernicious; that instead of favoring the plastic processes in inflammation, whereby the normal decline of the disease was promoted, the effused material was often spoilt by the treatment employed, and remained in the affected parts, either as a foreign body or in different degrees approaching thereto, and this must always have been so had we continued to regard these effusions as simply foreign products; but as soon as we perceived their physiological relations, and that they had a course of life like the tissues from which they sprung, they took a different aspect, and it became our duty, often without much interference, to stand by and watch this course to the end." He evidently refers to the administration of mercury and to the heroic and supporting plan of treatment.

Dr. TANNER, in his practice of medicine, says: "With regard to the use of mercury in inflammation, there appears to be every reason to believe that its utility in controlling inflammation, or in promoting absorption of the effused products, has been very much overrated, and, indeed, it seems highly probable that inflammatory diseases will progress more favorably without the use of this medicine than with it." We have now set the different views entertained relative to the action of mercurials in disease before you.

We now call your attention to researches to determine the influence exercised by mercury on the biliary secretion. These researches were made upon the dog, from the fact that his habits and food and bile resemble more those of the human species than any other animal.

These experiments were conducted in the following manner: A biliary fistula was formed from the bile duct to the outside of the body, and allowed to heal perfectly, and a tube inserted, so as to catch all the bile that the liver secreted. The actual amount of bile was accurately noted from day to day until the amount was ascertained. Mercurials were then given and their effects noted also. Of these experiments Prof. Nasse, in 1852, was the first who instituted the experiment to determine the influence of mercury on the secretion of bile. He thought that it increased the absolute quantity of bile, but diminished its solid constituents, which is rather vague. Kolliker and Miller's experiments show that after the first dose of calomel a gradual diminution of bile took place. Dr. Mosler proposed to himself the question, What substances introduced into the blood appear in the bile? In some of the experiments a solution of the substance to be tried was injected into the blood. In others the medicine was given by the mouth, and the bile afterwards tested to ascertain if it contained any trace of the substance administered. With regard to mercury, he tells us no trace of it could be found in the bile after being tested with great accuracy, and no striking increase of the biliary secretion was remarked. The same experiment was tried on three dogs with healed biliary fistula, at different times, and in various doses, and he concludes from these experiments that "when mercury is administed in the form of

calomel, either in large or small doses, it does not pass so rapidly into the bile, nor produce the marked increase of biliary secretion that medical men imagine." Dr. Scott experimented on four dogs with biliary fistulæ, and he concludes that all the trials gave but one result, viz.: a diminution in the amount of bile, and bile-solids, secreted after the administration of large doses of calomel. The next experiments were made by a committee under the direction of Prof. Hughes Bennett, to investigate the "action of mercury on animals," which they did during a period of two years. They completed the operation for biliary fistula on thirty-three dogs, but from various causes satisfactory observations could only be arrived at in eight of these. They kept careful minutes and accurate tables in every case.

They fed the dog six days on certain diet, and carefully noted the amount of bile secreted. Then took the same dog and gave him the same diet, and all other circumstances being equal, they administered blue pill in 5 grain doses for six days. The same care was taken in administering calomel and corrosive sublimate, and we give the language of their report:

"As to anything that enables us to increase the amount of bile, beyond giving food and supporting health, we are unacquainted with it. Perhaps there is no opinion in medicine more widely spread, and certainly there is none more universally acted upon than that mercury does so; in fact, that it acts as a cholagogue. Yet not only have the few experimenters who have directed their attention to this subject invariably observed that mercury rather diminishes than increases the secretion of bile, but the general results of the trials of your committee fully confirm this conclusion. We have seen that in whatever form or dose it may be given, such as continuous moderate doses of blue pill, minute and frequently repeated doses of calomel, or large doses, varying from 10 to 15 grains, it utterly fails to stimulate the liver. Its constitutional action has been excited slowly and rapidly, by means of corrosive sublimate, with a like result. In poisonous doses it produces a marked diminution in the flow of bile. In all these varied attempts, carefully separated under every varying circumstance that could be thought of, no evidence was obtained that mercury acted specially upon the liver at all. The exact measurement of all the bile secreted by the eight dogs, first without and then with mercury, tends rather to show that so far from increasing the flow of bile, it causes its diminution, through its general depressing action, on the entire organism. This fact seems now to be so certain and thoroughly established that the committee consider it unnecessary to make any further researches on the subject." This then is the opinion of these gentlemen, and they are of the highest authority.

But some will say that dogs are not men, and mercurials will likely effect each differently; but when we take the fact that dogs are readily salivated, and present exactly the same symptoms as are shown in the human subject, and further, that dogs like men can be fed on flesh, and on a vegetable or a mixed diet, and that the qualitative composition of canine is identical with human bile, leave little doubt that the influence of mercury in both is precisely the same.

If the refutation of a wide-spread error be as important as a new truth, the practical advantage of demonstrating that mercury is not a chologogue, cannot be too highly estimated. Although in recent times the administration of mercurials for hepatic diseases has greatly diminished, their employment is still very general. Recent cases demonstrate that long continued salivation and great loss of health have been produced in the attempt to remove old abscesses or other chronic diseases of the organs. But, some will say, we know by administering calomel, we bring away larger quantities of bile, and if it does not act upon the liver, why does it promote its discharge? I believe the solution to this apparently incontrovertable argument is this:

From the experiments of Bidder and Schmitt, published in 1852, on the dog, cat, sheep and rabbit, we are led to believe a much larger quantity of bile is secreted in the human subject than is generally supposed. If we apply to the human subject the average results obtained from the cat and dog, we find that in the adult man, weighing 140 pounds, the daily quantity of bile will be certainly not less than 2½ pounds. Now, as this large amount is thrown out daily into the bowel, and not passed off, we are forced to conclude that it is re-absorbed, under favorable circumstances, and this has been tested by experiment on the dog, and the results obtained show that the bile, which is abundant in the

duodenum and upper part of the small intestine, diminishes in quantity from above downward, and is not to be found in the large intestine. If we disturb this physiological process by any substance that will hurry the bile through the bowel, and cause its exit per anum before it can be absorbed, then we will have a larger biliary evacuation, and this is the case when we give any medicine that acts upon the upper portion of the bowel; and as we believe mercurials have a specific action upon the stomach and upper bowels, we can readily see why a dose of calomel will bring away biliary matter; not from its action upon the liver, but its action upon the stomach, duodenum and upper bowels. The same holds good in regard to podophyllin and other substances that have a tendency to the upper bowel.

The inquiry naturally arises, what, then, is the action of *mercury* upon the system? Unfortunately for us it is easier to ask the question than to answer it. We do not wish to be understood that we would exclude it from the list of remedies; but, on the contrary, believe it to be of great service in certain cases. It seems to be a medicine of great eliminative power, always acting in throwing off the secretions, and when pushed to the point of salivation produces the elimination of the tissues, as is shown by the alteration of the blood in ptyalism, taking from it one-third of its fibrine, one-seventh of its albumen, one-sixth of its globules, and loading it with effete matter, also in the rapid emaciation following its use, a dog weighing 30½ pounds emaciating 7½ pounds in 18 days, under the use of 12 1-5 grains of corrosive sublimate, and killing him in that time.

We would say, then, that it is a good purge in the commencement of fevers; that by its impression upon the stomach and bowels it causes a new action by throwing off the effete matter, and we can imagine that great good often arises from hurrying the bile through the bowels and giving the liver a rest, and causing it again to secrete a new supply of bile from the blood. In this way we can conceive that it would be of great service in biliary affections, by indirectly acting upon the liver and its functions, by hurrying off its secretion before it has time to reabsorb the bile thrown out in the bowel. Hence in jaundice, if we can compel the liver to secrete from the blood the superabundant bile instead of that thrown out for digestion, we can readily see how we can cure it; and by giving the liver a rest, by giving it less to do for a time, we can conceive of its utility in inflammation and engorgement of the liver by the same eliminating process. From its eliminating power we would naturally infer that it would be of service in carrying off the products of inflammatory action. Therefore we find it of service, combined with other substances, in dropsies, exudations, effusions; and in syphilis we cannot account for its remedial powers over that disease only by its elimenating power; and the same applies to the action of iodide-potassium in disease. But even in these cases care must be used that we do not impoverish the blood and do more harm than good. From its action upon the various constituents of the blood, in reducing them below the health standard, we would give it, if at all, with great caution, in any of those diseases that show an impoverished condition of the blood, or where there is a rapid disintegration of tissue or putrecency; as in typhoid and typhus fever, small pox, scarlatina, cholera, phthisis, anemia, etc.

We have endeavored to set fairly before you the different views in relation to the action of mercury as an antiphlogistic and chologogue, and from the investigation and the light thrown upon the subject, by the aid of a better physiology and pathology, we are led to the conclusion that mercurials have been too freely used, and often to the detriment of the patient, and, doubtless, we all have been in the habit of giving calomel when "bread-pills" would have done better; and if this be so, it is our duty to yield to progressive science and research, and ever be open to reason and facts, and aid in the advancement of science by observation and experiment, and willingly leave the beaten paths of routine, and adopt that treatment which yields the best results. It is hoped that the views and experience of others will be freely given on this important subject. If our pharmacopœia and other standard works are teaching errors, it is time they should be corrected. If truths, we should guard against any innovations.

OBSTETRICAL REMINISCENCES.

By F. K. Bailey, M. D.,
Of Knoxville, Tenn.

III. Ergot.

In calling to mind the observations of past years in obstetrical practice, prominent among

the different agencies employed, is secale cornutum. For many years it has been in use as an aid in parturition, and, like other medicines, variously estimated as to its virtues.

I began to use it on first commencing practice, and sometimes found it to act like a charm. Again, it seemed to be entirely inert, or to have a positively injurious effect. It soon began to be a question when to use it, and when to leave it on the shelf.

The first case in which faith in the drug, or in my judgment, was shaken, occurred in the summer of 1840. The lady was apparently of good constitution, and labor progressed favorably, as I thought, for some hours. Gradually, however, the pains began to be less effective and frequent.

In fact, they nearly ceased, and I gave some ergot. The os was dilated and dilatable, and labor well nigh through the second stage. According to the best authority in those days (DEWEES) it was clearly indicated. It was given in medicinal doses at short intervals, and soon began to produce an effect. Pain was not only increased in severity, but constant and unremitting. For an hour or two there was no cessation of anguish. It was both expulsive and excruciating. The abdominal tumor seemed more like a ball of iron than an organized substance. At length the child was born, but it was both livid and lifeless.

It was a great relief to all concerned to have such terrible distress terminated, and I gladly waited the "regulation" half hour before thinking of the removal of the placenta. It seemed certain that an organ capable of removing the greater must very easily expel the lesser. In due time I proceeded in the attempt to remove the after-birth, but soon found the uterus was grasping it very firmly. The os was unyielding. Being satisfied that it was not adherent, and consequently less danger to be apprehended from hemorrhage, I left at 10 o'clock P. M. for home. It being not far distant, I could be called if occasion should occur.

Next morning I called and found everything as left the night before. There had been no hemorrhage and no pain. All efforts at removal were fruitless; I accordingly waited quietly the turning of events, and about 3 P. M. there was a severe expulsive pain, which brought away the placenta with considerable force. It was rolled into a globular mass, and did not readily assume its flattened shape. So long and firmly had it been held that it seemed like a ball of flesh. Such were the effects in this case, that I naturally became cautious in using such a potent agent. Similar was the experience of some of my contemporaries, who had given ergot only to wish it had been withheld.

A period of ten years then elapsed in which I do not remember to have misapplied its use. In 1849 or 1850 I began to keep a table in which to note facts in obstetrical practice, and continued till seventy-three cases had been recorded. Of this number, eleven were considered as indicating the use of ergot. The first was an abortion at three and a-half months, attended with hemorrhage, which had occurred at intervals during the whole period. Resulted favorably.

The second was attended with short and spasmodic pains, in which sul. ether and morphine were given with the effect to suspend uterine effort. Ergot was given, with happy result. In the next, a case of placenta prævia, with swoon and fatal flooding, it was given without the least effect. In another, the drug acted favorably, but the child vomited almost incessantly for twenty-four hours, with no secretion of urine. In six of the number, labor was rapid and regular till the last stage, when there was inertia. Ergot acted well and very satisfactorily. Children all alive. In another there was partial placenta prævia, attended with fearful hemorrhage. Opium in full doses, with ergot, controlled the flooding and soon finished the labor. The child was dead, but the mother recovered, though feeble for some time.

The *modus operandi* of ergot has been a discussion from the time of its first use.

It is not proposed to discuss this question, but late observers have decided that it acts upon the spinal column. The fundus of the womb is supplied with nerves from the spine, and it seems that ergot acts decidedly upon the muscles concerned in expulsion. The nerves of the neck are said to be derived more from the sympathetic system, while some maintain that the entire organ receives its supply from both the spinal and sympathetic systems. Be that as it may, all must have observed that the state of the os in labor is dependent greatly upon the condition of the stomach. How often do we find dilatation commence immediately upon the occurrence of vomiting.

There are two desirable results from vomiting, one, the evacuation of offending substances, and the other, an equalization of the circulation. How often do we find labor progress rapidly after the patient ejects from her stomach the last meal in an undigested state.

How often too, did we, who flourished before the fashion of bleeding became a thing of the past, observe that our suffering patients would vomit freely after venesection, especially if fainting supervened.

In summing up the result of personal observation in the action of ergot in labor, it seems unadvisable to administer it unless the alimentary canal is in a normal condition. In fact, we have no reason to expect an easy and favorable labor, unless all the functions are normal.

If inertia occurs, and ergot is given with a view to obviate it, there will be a want of coördination in the action of the fundus and neck unless all offending matters are evacuated. At the termination of utero-gestation, labor commences and progresses as a physiological process, unless some cause of an excito-motory or mechanical nature exists.

To be able to determine the best course to pursue, when pathological conditions in their multitudinous forms become obvious, should be the object and aim of all.

With the embarrassment and perplexity in cident to obstetrical practice all men are familiar, and perhaps all will unite in saying that the question, when to use and when not to use ergot, is often one difficult to decide. I have many times been in attendance in the lying-in room, when labor becoming lingering I would have given ergot, but found I had none, and it was too far to send for it. All things resulted favorably upon a quiet patient waiting for the physiological process, or *nature*, as we commonly say, to complete the process.

Many, no doubt, in cases when labor is slow, having already spent time which should have been devoted to visiting other patients, become impatient, and give ergot with the hope of being sooner released.

Although not disposed to discard a remedy long in use, and of acknowledged virtues, still it may not be considered as a digression to remark to the younger members of the profession, that a well directed inquiry into the history of the patient for a few days previous, and ascertaining the condition of the various functions, and preventing any departure from a healthy standard, will obviate the necessity of using such an active as well as uncertain agent. The friends and attendants will often clamor for something "driving," in order to shorten labor, and I will not deny but that I have sometimes yielded to such an influence in my junior years. It requires more stamina than any young man can command to withstand the urgent pleadings of a suffering woman and her anxious friends. I have oftentimes in later years, while attending a case which was lingering, or apparently so, when urged to "do something to hurry matters," advised the procuring of some domestic herb which I knew would consume an hour to find, in order to sustain hope, and attract the attention of all concerned, while the head was merely advancing as rapidly as it ought to, through the firm perineum of a healthy primipara.

In hemorrhage from a threatened abortion I have always used ergot, and with favorable effects. That it would obviate the escape of blood from the uterus was shown in the case related where the placenta was retained so long. Not only had no hemorrhage occurred during those long hours, but the external surface of the placental ball was dry.

Many years ago the caution was given in the use of ergot that it would cause retention of placenta, and probably for the reason that its force is unexpended upon the expulsion of the child, and that while the muscles of the fundus are contracted, those of the os are likewise not dilated. To obviate such a result, I have for years been in the habit of giving a full dose of opium when the head begins to press upon the perineum, which, while it cannot suspend uterine effort at that stage, it will soothe distress, and, by the time labor is finished, begins to act as an anodyne.

I have acted upon the suggestion made by some writer years ago, that ergot should not be administered unless it is pretty certain that labor will be terminated within two hours. Of the propriety of its employment, I have been guided by personal observation and the written or oral opinions of others.

A Vindication.

By a note in another column it will be seen that Rev. Mr. DUNN was not responsible for the omission to credit an extract to Rev. Dr. BEADLE, referred to by a correspondent in THE REPORTER of of October 1st.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Wednesday, October 5.

Surgical service of F. F. Maury, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Post-Mortem of Melanosis.

Gentlemen:—I first present to your notice, this morning, specimens from the patient who appeared twice before you in this amphitheatre. (Case reported in The Reporter of June 4 and October 1, pp. 474, 475—263. R. M. T.) It is from the dead as well as the living, that we must deduce those principles whence originate the laws and formulæ that lesson the ills of life and soften the pathway of death. It is a privilege not always in our power to make a *post-mortem* examination, and let me impress upon you the necessity of close, unwearying and vigilant attention while these specimens, rich in their pathological knowledge, lie upon the table.

You see the head has been vertically bisected, the saw in its downward course just grazing the lower and triangular cartilage of the nose, laterally. Looking into the cavity of the skull we find the disease has worked its way backward through the sphenoidal sinus and the foramina of the orbit, and implicated a portion of the membrane of the brain that lies at the base of the skull. The whole orbit is one mass of disease, and no operation here, unless of itself death-producing, could have removed the cancerous mass in its entirety.

Before death the patient complained much of pain in the right hypochondriac region. Looking at the liver you will know its cause. The organ is atrophied, the subject of fatty degeneration, and in the right lobe I show you three places, by section, in which the same cancerous disease as infected the orbit has made its appearance. The centre of one of these contained a grumous liquid, amounting to over a pint, which you can examine in the bottle. This man's whole system was infiltrated, so to speak, with cancer, and removal at one spot would have but stimulated the others in their growth.

Sycosis.

This man had suffered for eight weeks from a scabbed condition of both sides of his face. The disease was contracted from shaving, and is commonly known as barber's itch, or *mentagra*, on account of its supposed predilection for the chin. Dermatologists describe two varieties of this affection, viz.: *sycosiform impetigo* and *sycosis mentagra*, the latter parasitic in its origin, and said to be caused by the *microsporm mentagrophytes*. This patient labors under the first, or non-parasitic variety of this affection. He has been immensely benefited by the application of carbolic acid ointment, consisting of a drachm of the liquid carbolic acid to seven drachms of simple cerate.

Sycosiform impetigo is a more superficial and less grave affection than sycosis proper, though it is troublesome and obstinate, lasting for months and often for years. The most frequent exciting cause, as in this man's case, is close shaving, or the use of a blunt razor upon an unduly sensitive cutaneous surface.

Wilson disbelieves in the existence of a parasitic or fungus growth in this affection, although Gustav, Simon, Gruby, Squire, and other dermatologists, not only believe in, but describe from actual observation, the microscopical character of the crypt or parasite existing in the root of the hairs of the beard, and around that portion which is contained within the hair follicle.

Whatever may be the origin of this affection, my observation tells me that the disease involves the hair follicles and contiguous tissues, and that this form of it is not contagious. The disease is pustular in its character, the breaking of the pustules and the discharge of their contents resulting in the formation of dark brownish crusts, which, falling off, leave tubercles. The disease commences with sensation of heat, sometimes powerful in its character, and the affected surface becomes reddened and swollen prior to the formation of the pustules. The exciting cause of the affection in true sycosis is contagion, and the predisposing causes are advanced age and the masculine sex. As a *dernier ressort*, epilation, or the pulling out of the hair, is practiced in the treatment of this affection, so that the diseased hair follicles may receive proper medication.

Wilson directs the hair to be pulled out only when it becomes loosened. Plumbe regarded the hairs as the special cause of the obstinacy of this disease, and laid down rules for their avulsion. Hebra sanctioned and recommended this treatment. Hebra applies a plaster to the diseased skin at night, and removes it in the morning, and any hairs standing in the midst of a pustule that are not removed by the plaster, he pulls with the forceps.

My advice to you on the treatment of this affection is first to trim the beard closely, and avoid exciting causes, as the razor. Pay attention to the diet and secretions, and apply locally the carbolic ointment, dilute citrine ointment, the benzoated ointment of the oxide of zinc, etc. Fowler's or Donovan's solutions may be given internally. If such treatment does not benefit the disease, pull out the hairs, or else in the course of the affection the hair follicles being destroyed, permanent baldness will result. Of course, before applying any medicated ointment to the part, you will remember the general rule I gave you, and either by poultice,

warm water dressing, or acetic acid, remove all the scabs and scales.

Enlarged Prostate Gland.

This man says he suffers from gravel, and carries with him, constantly, a catheter for the purpose of drawing off his water. On inquiry, I find that he had clap forty years ago. He is now 71 years of age, and by trade a shoemaker. I will show you at my next clinic a catheter, manufactured by Tieman, of New York, the invention of Dr. Squires, of Elmira, of that State, designed to be used in case of a difficulty, such as now presents itself. You will see, if you look at the flexible catheter that this patient carries with him, that the jamming of the stilette against its back, and the uneven temperatures to which it has been subjected, has broken the bulb half off. On slight traction on my part, it altogether separates. Watch an instrument like this, and after using it, place it where it will not be subjected to cold.

I pass a number nine sound into the urethra, and find the latter irritable, and note the escape of a little muco-pus. There is a constriction in front of the bulbous urethra, and my instrument comes to a halt at the prostatic urethra. This must be caused by enlargement of the prostate, because stricture of the prostatic urethra rarely, if ever, occurs. To aid the passage of the instrument I introduce my finger, well oiled, into the rectum, and pushing it as far up as the prostate, find it enlarged laterally and in the median line. In a man of this age who has been the subject of gonorrhœa, and who doubtless once indulged in excessive venery, you may always look for such a condition. I tilt the point of the instrument and then depress it at the handle, and thus, you see, overleap the obstruction and pass into the bladder.

A patient in this condition has generally to assume an awkward posture, with the legs widely separated, in order to pass a few drops of urine. You can always, however, draw additional urine by introducing the catheter after the patient has voided all, as he thinks, of his urine.

In introducing an instrument here, where the bladder is abnormally sensitive, you should manipulate it gently, as the fiddler his bow, working only with his hand and wrist.

I find, on exploration, that this man has an excessively large bladder, with its walls thin, and its contractility thereby lessened.

The only treatment for an old man like this is to provide him with a suitable catheter, instruct him in its use, and keep up his strength with tonics; attend to any special symptom that may arise. His condition is chronic and incurable, and your treatment in similar cases, as mine in this, is to combat pain and make the remaining journey of the old man's life as comfortable as the science of medicine and our good sense will permit us.

Syphilis.

This woman was before you two weeks ago suffering from a deep ulceration at the outer canthus of her right eye, and ulceration and perforation of her hard and soft palates, the result of syphilitic disease. (Case reported in the No. of Sept. 24, p. 246 of the REPORTER. R. M. T.) She is now wearing a plug of lint, but will be ready for an obturator in a few days. This is the only way to fill the gap in her bone, unless like Langenbeck, we supplant periosteum.

This second woman has been in the hospital three weeks. She suffered from lychen, on her admittance, which, instead of disappearing on treatment, has run on to the desquamative stage, or scaly variety. At no time have these papules contained pus or vesicular matter. One peculiarity about this case, common to all of its class, but absent from syphilitic affections generally—it itches. On this woman's forehead a row of eruption makes a faint attempt at the corona veneris.

This woman would not be benefited by potassium at this stage of her disease. A mercurial vapor bath, combined with steam and hot air, would do her more good. I like calomel in these cases, as it nebulizes well.

Internally we will order for this woman,

℞. Tinc. ferri. chlor., ℥v.
Liq. potass. arsen., ℥iij.
Hydrarg. chlor. corros, gr.iss–ij.

Dose—Twenty-five drops in water, three times daily.

A little litharge ointment after bath would be of benefit.

In Berlin, in a case like this, they would probably use the bi-chloride of mercury and the iodide of potassium hypodermically.

In Vienna, they would practice inunction, rubbing mercurial ointment upon the inner sides of the thighs, in the axilla and other joints where the skin is delicate, and absorption the more readily takes place.

[The following case was reported at the clinic of Sept. 17:]

Enlarged Penis.

The third case I now introduce was admitted one week since. This man was a stevedore at Richmond, Va., where he was employed in loading cotton. Those of you who are familiar with this kind of work know how hard it is, and how it strains and twists a man. A bale of cotton, while being hoisted, swung around and struck the patient in the right groin. The result was the formation of an abscess. If you look at this man, you will see some little warty excrescences where the abscess opened, and will note the immense size of his penis. This organ weighs at least two pounds, and is affected with a

species of phymosis. The left leg of the patient is also larger than the right, resulting either from venous obstruction or elephantiasis. I incline to the former belief, because there is some diminution in its size since the patient's admission, during which time he has been chiefly at rest and recumbent. The foreskin is infiltrated. If it was pure serum within, I could prick it and let it out, but this is not the case, the contents being semi-organized plasma, requiring sorbefaciants in the shape of opiate and saturnine solutions, etc.

A good application here would be—

R.	Amnion. hydro-chlor.,	ʒj
	Aquæ bullien.,	Oij.
	Pulv. Opii,	ʒss.

As a prelude to further operation, I take a piece of ordinary soft surgeon's sponge and pack it in the preputial opening back around the head of the penis, and as it becomes filled with moisture it will swell, and I hope throw the prepuce back over the glans.

Caries.

This man is a hod carrier, thirty-two years of age; a mulatto. As far as he knows, has no consumption or scrofula either himself or in his family. You see there is swelling and induration over the outer and left malleolus. Through a small sinus I introduce my probe, and it comes in contact with dead and denuded bone, as I know by the sensation imparted. Our obvious procedure here is to make a free incision so as to give room to gouge and chisel away the diseased structure.

[This Dr. Maury did. He found the ankle bone more or less carious. After gouging away all the dead bones, the edges of the sinus were pared off with the scissors, the foot loosely bandaged, and directed to be kept at proper elevation and the patient put to bed.—R. M. T.]

Fistula in Ano.

This case those of you who attended my spring clinic will remember. (Case reported in June No. Med. & Surg. Reporter. T.) Previous to last June this patient was operated upon at another hospital for anal fistule. When he came under my charge I found him laboring under inability to retain the contents of his lower bowel, probably from division of the internal sphincter, and also, on examination, found a pouch or sac running parallel along the posterior surface of the coccyx, and communicating with the bowel. In fact, the lower part of the rectum seemed dissected out and hanging in a cavity. I was chary about operating here, for this man had a tubercular affection, and I did not wish to hasten tubercular softening by incurring additional risk from a surgical operation. Moved, however, by this man's condition, and by his pitiful solicitations, I finally pushed from below, and from within outward, a trochar through this sac, and followed its withdrawal by the introduction of a Chassaignac's drainage tube. This I to-day withdraw, it having remained since the operation, and being, as you see, simply a rubber tube fenestrated at different points. Its effect has been to facilitate drainage and to cause the commencement of deep-seated granulation. We will have the resulting sinus injected one or more times daily, with tepid water, to promote both cleanliness and healing. The condition of this man has obviously improved since my last operation.

ALBANY MEDICAL COLLEGE.

Obstetrical Clinic of Prof. E. R. Peaslee, Professor of Diseases of Woman.

[REPORTED BY T. D. CROTHERS, M. D.]

Diagnosis.

Case 1. Gentlemen:—In this case note how little value the rational signs are alone. She is 20 years old; three years ago she had an attack of fever of some kind, from which she never fully recovered. Soon after menorrhagia came on. Then, between these periods she has metrorrhagia (or a flow of blood from the uterus). She suffers much from pain in the pelvic region. The bowels, of course, are constipated. She is anæmic (from the loss of blood, without doubt). Now, what is the diagnosis? Can any one make out an intelligent diagnosis from these symptoms? It may be a tumor in the uterus, retroflexion, or chronic congestion, etc., etc. Yet you can never determine without an examination. The treatment will be more uncertain than the diagnosis, and what we know of the case so far amounts to nothing. In this department of practice, never trust rational signs alone. Avail yourself of every means to perfect and establish a diagnosis, if you would succeed in the treatment. She has her catamenial flow at this time, consequently we cannot examine her to-day.

Retroflexion of the Uterus.

Case 2. This girl, æt. 23, became ill last May, one week after her courses stopped; since then her courses have not returned. She has suffered much from pain over the body, and particularly in the back, and tenderness over the pelvic region, etc. Has taken opium in large doses; is anæmic. Yesterday I saw her for the first time, and discovered a well-marked tumor over the right iliac region, with enlargement of the abdomen. She had been constipated for some time, so I ordered a saline cathartic, which caused a free action of the bowels; and you see the tumor is all gone and the enlargement is not perceptible. Be careful that you do not mistake enlargement of the bowels from fecal accumulation for something more serious, and treat accordingly. I have seen several mistakes of this kind, and some fatal ones. In examination by touch I find the os of the uterus tipped forward and small. With the sound I readily determine this to be retroflexion in the second degree. If the body of the uterus was diseased this sound would cause intense pain. You see it admits of free motion, and

she does not complain, so we can eliminate disease of that organ. Now from the appearance we recognize anæmia; from her history, amenorrhœa; and by examination we find retroflexion; the diagnosis is established; retroflexion, the cause; the others, the sequel. In the treatment, replace the uterus, build up the strength, and the function of this organ will be speedily restored.

Cystic Tumor.

Case 3. In this case we have greater difficulties to contend with. This woman is 38 years of age. Sixteen years ago she noticed a tumor about the size of a hen's egg, over the lower part of the abdomen, and in the last ten years it has grown rapidly. Here you see the tumor about 16 inches broad, and the largest part on the right side of the mesian line, extending up to the umbilicus. It is tender on pressure, and has not interfered with her general health yet. She menstruates regularly, and has no pain, and suffers only from the inconvenience of this mass or tumor. To the sense of touch it is hard, immovable, lobulated and of irregular shape. On percussion I detect fluid here and there. This fluid must be inclosed in cysts, for the borders are solid, and its contents fluctuate under my hand. Is this an ovarian tumor? The duration of its growth is evidence against it. Ovarian tumors generally reach their full development in about three years; they grow rapidly, and all of a different shape and position from this one. It is not ascites, nor is it enlargement of the broad ligament, from its history. It is cystic, and connected with the fundus of the uterus. To the sense of touch the cervix is small, firm, and thrown forward; the upper wall of the vagina is hard and smooth. With the sound I find the uterus is fixed and immovable. The cavity is small and contracted, and the sound does not penetrate far. The history and evidence by percussion, sense of touch by the finger and sound, are strong indications that we have a fibro-cystic tumor of the uterus.

But we have not determined clearly enough to make a positive diagnosis yet. In the hypodermic-syringe we have one of the most valuable means o deciding the contents of a tumor. With this we can draw with safety the contents of any sack or tumor, if fluid, and by analysis or the microscope, assertain its character. If you can get sufficient fluid to ascertain its specific gravity, and find it below 112°, and without albumen, it is a tumor of the broad ligament. If albumen is present and the specific gravity above 112°, it is ovarian. You can rely upon these tests. Here I have been able to draw up a few drops of thick, creamy fluid, from which I can only determine its microscopical character. Have no hesitation, in cases of doubt, to use the hypodermic syringe. I have punctured the bladder and large arteries often with no bad results. Leaving the question of diagnosis, what plan of treatment can we pursue? If we lay open the abdomen with the intent of removing the tumor, the peril will be very great; two out of every three dying. If we explore by incision to find the base of the tumor, its extent, etc., the hazard will be as great, and such surgical interference is only justified by urgent symptoms. This patient is in good health; suffers only from the inconvenience of this tumor, and has a prospect of living many months or years. My advice is to do nothing in this case beyond careful attention to the habits and surroundings, and perhaps some internal medication.

Endometritis.

Case 4. This case was sent here by a physician, with the diagnosis of endometritis. She was confined about a year ago, and has never been well since. She has much pain and fever at the menstrual periods, dysmenorrhœa and some discharge. I find by examination a patulous condition of the os, the borders dilated and everted, the uterus retroflexed. This inflammatory action, I think, is confined to the cervix; the uterus does not seem sensitive to the sound, yet on passing the cervix the pain is intense. We may have both conditions. I shall replace the uterus, and use tinct. iodine to the cervix.

Atresia Vaginæ.

Case 5. Here is a case of unusual interest—atresia of the vagina, or closure by inflammation and adhesion of its walls. Occlusion of the vagina is a congenital closure, and used to signify a condition of the vagina never perfect. Atresia indicates the present condition of the vagina that has previously been perfect. She was confined a year ago; had a tedious labor; instruments were used. She did not get up as usual; suffered from a severe discharge for some time after, attended with pain. When this subsided she noticed that she was "not right". as she expresses it. Her health is good, and the menstrual periods are quite regular. The vagina is closed up to within one inch of the vulva, and with this strong light we have found a small opening on the posterior wall of the vagina, through which a probe can be passed. With the finger in the rectum, and the catheter in front, we can determine that the entire canal is closed up to the cervix.

We shall introduce a grooved sound up this opening in the vagina, and carefully cut away little at a time, keeping it open by tents until we reach the cervix. With care and skill the vagina may be restored to its normal condition.

——A death occurred recently in New Orleans from Chloroform administered by a dentist.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Friday, October 7th, 1870.

Clinic on Diseases of Women, by Prof. T. G. THOMAS.

GENTLEMEN:—To-day I propose to show to you three cases of malignant disease of the uterus—not accidentally. I have selected them for your consideration, and during the coming term I may not have such another opportunity to exhibit the ravages of this disease.

The two first cases show true carcinoma, in the first and second stages respectively. The third case is one of epithelioma.

Carcinoma Uteri—2d Stage.

Mrs. H., æt. 62; Ireland; widow; has ten children. This patient gave the following history: "Fifteen years ago my courses stopped, but on the first of last March they came on me again. This last time they never stopped flowing, sometimes bloody, and at others only a sticky stuff came away, which stained my chemise. I feel great pain over the lower part of my stomach, and it is so bad at night I have to lift up my bed-cloths to keep them from touching me. When I go to walk it gives me great trouble."

Prof. Thomas said: On making a vaginal examination I discover a roughened condition of the anterior wall of the vagina, giving rise to a sensation resembling that derived by passing the finger over cut cartilage. The posterior wall is not affected. High up in the vagina is a small opening, which, upon first examination, I thought to be the os tincæ, but I now feel confident that it is the *os uteri internum*. The cervix has been entirely removed by the cancer, through its ulcerative action, and when perforation occurs through the peritoneum, as in all probability it will, a peritonitis will be caused, which runs but one course. This first case shows the second or ulcerative stage. I may tell you, gentlemen, that on making a vaginal examination I discovered no fetid smell, and the patient tells me that she has never noticed it.

The prognosis of carcinomatous cases is ever the same—death sooner or later. In respect to treatment, I should say, do not tamper with the uterus in any way whatever, unless it be to give a disinfectant vaginal injection when there is much fetor. I always accustom my patients of this class to eat opium if there is much pain. In this case I should not advise it, inasmuch as the suffering is very moderate.

Carcinoma Uteri—1st Stage.

Adelia Reynolds, æt 39; nine children. The history of the patient is: Fifteen months ago I had my last baby, and for two months my courses never stopped; after that I had a discharge, with blood in it now and then. I have a great bearing down pain, and my legs swell. Prof. T. said: On making a vaginal examination I find a normal vagina, a uterus very low in the pelvis, and a cervix much enlarged in proportion to the entire organ. Upon the cervix are three large knuckles as hard as iron, and covered with mucous membrane, but no solution of continuity can be detected.

By the next week I hope to have a microscopical section of the growth; yet if no cancer cells could be defined, I would not feel disposed to change my diagnosis, inasmuch as I do not have the greatest confidence in the determining of malignant growths by that instrument. Chronic metritis may give rise to a hardened crevix, but not to a condition like the one before us.

Very rarely you see a case in the first stage, or in other words, before it breaks down; and as it is proceeded by a case in a later stage, it is of increased importance to you.

Of treatment I have little to say. Were it benign, it would be useless to operate, as I cannot reach a portion of the womb not involved. As it is malignant, operation is out of the question. Opiates as yet are not needed. Tonics, and everything tending to keep up the general health, are indicated.

Epithelioma—Vegetating.

Ann Kenna; æt. 34; widow; one child seven years ago. The patient's history is by no means extensive. Last July was taken with severe pain in her back, which extended down to her knees. Never had any flooding, but has had a discharge of water to the extent of a pint a day.

An examination shows the cervix to closely resemble a cauliflower. By carrying the finger up to the vaginal insertion I find that the upper part of the cervix is not much involved. There are two forms of epithelioma; *vegetating* and *ulcerative*. The former is what we generally find; the latter is exceedingly rare; indeed, we may not notice a case at the clinic this winter. The vegetating grows from its base. I have known it to pass down and out at the vulva, though by no means common. The *ulcerative* corrodes and excavates.

One of the symptoms the patient has given is of much importance in epithelioma, but not in carcinoma; that is hydrorrhœa. Any other of the rational symptoms is not of much significance. The prognosis is bad, though not so much as in carcinoma.

I have not decided in this case whether or not I can encircle the growth. Five years ago I operated in nearly every case of this kind, but had such bad results that I am by no means sanguine of operative procedure. I feel that in the majority of cases it is best to let them alone. I have taken up nearly the hour in the consideration of unpromising cases,

yet I think it may be of much advantage to you. The next case is more hopeful; it is one of

Sterility.

Mrs. Kœhler; æt. 27; 6 years married. This patient has no uterine disease beyond dysmenorrhœa. Vaginal examination shows slight anteflexion, with very small os. I find that the majority of cases of sterility are very rebellious to treat, though in a certain number the desired result is obtained. In the present case I think the cause of dysmenorrhœa and sterility is the inefficient size of the *os*. If I am correct, a good result in all probability will follow treatment. If, on the other hand, I have not rightly estimated the cause, the operation will be worse than useless. The case might either be dilated, as with the urethra, or a section of cervix made. If it were in private practice I should do the former, but in *cliniques*, patients, unless they see immediate benefit, pass to other hands, and the cases cannot be followed. Next Friday I intend to slit up the cervix, put in a pledget of lint, and from time to time have a probe passed through the canal.

Clinic on Diseases of Children, by Prof. Jacobi.

Wednesday, October 12th.

Prolapse of Rectum.

Girl, 18 months old. This little patient had a chronic diarrhœa for two or three months, by a protrusion of the rectum. The parts protruded are the mucous membrane and sub-mucous areolar tissue. The cause of the separation of the superficial from the deeper tissue is the congestion and œdema resulting from the chronic inflammatory state. There is, moreover, an atonic condition of the sphincter of the anus. The treatment to be pursued in this class of cases is to brush over the protruded bowel with a solution of nitrate of silver (℈j. ℥j), then neutralize by a solution of common salt before returning within the sphincter. If there is hemorrhage, introduce small pieces of ice every quarter of an hour until the bleeding is controlled.

Strychnia or nux vomica, locally, is a valuable agent to bring the sphincter to a normal condition--℥ss of the alcoholic extract of nux vomica with ℥ss of lard, may be made into an ointment and the size of a bean of this be used as a suppository three times a day.

The subcutaneous injection of strychnia is most efficient in this class of cases.

A case of incontinence of urine and fæces occurred to me in a girl 10 years old. I commenced with the subcutaneous use of 1-30 of a grain; this I continued for some time with no benefit. For one day I gave 1-15 and 1-12 of a grain, but this was followed by a convulsion in the lower extremities, showing that the tonic influence was being manifested. From this out the patient was cured.

Electricity, as the reduced current, may be used when other remedies fail. In the present case the ointment of extract of nux vomica will be used as directed.

Paralysis of Facial Nerve.

Boy, æt. 2 years; last March was taken sick with measles, followed by an abscess in neck; three months after this the mother noticed that when the child laughed or cried the mouth was drawn to the right side. The child on examination still shows paralysis of the face, but is enabled to close both eyes; thus we infer that the lesion is not in the bony canal or within the cranium, else complete paralysis of the nerve would be found.

Inflammatory action has, in this case, attacked the sheath of the nerve. If the new cells which are formed have resulted in connective tissue, but little benefit can result from treatment; but if, on the other hand, the process has not gone this far, we may be of some avail.

The iodide of potassium is an excellent drug here, but it disagrees with the stomach when continued; for this reason I shall order the iodide of sodium, 10 grs., every day. This to be continued for a month. In respect to the use of electricity I shall speak again; suffice it to say, that the direct current is a powerful agent to break up new tissues.

Editorial Department.

Periscope.

Scalped by Indians.

The following case is reported by Dr. R. C. Moore, in the transactions of the Nebraska State Medical Society for 1870:

William Thompson, an employee of the Union Pacific Railroad Company, was scalped by the Cheyennes, near Plum Creek Station, Nebraska, on the night of the 6th of August, 1867. He was placed under my care on the morning of the 8th, about thirty-six hours after the wounds were inflicted.

The scalp was entirely removed from a space measuring nine inches antero-posteriorly, and seven inches laterally. The denuded surface extending from one inch above the left eye brow, backward nearly to the occipital protuberance, and laterally

from one temporal region, over the vertix to the opposite. The pericranium was in places detached, but the greater portion of that membrane was dried, and adherent to the bone. There was also a severe tomahawk wound of the right parietal bone, the fissure extending backward, and downward in the diploe, to the depth of an inch and a half, splintering the external table, but producing no injury to the internal. I also found a slight gunshot wound through the fleshy part of the right arm. The only dressing used during the whole course of treatment was surgeons' lint, saturated with pure olive oil, which excluded the air, and was easily removed for the purpose of cleaning the wound.

Healthy granulations soon appeared on the tissue surrounding the denuded calvaria, but showed no disposition to extend over the bone. In about three weeks the outer table began to exfoliate; at first at the margins, then under the adherent pericranium, the exfoliation extending more rapidly along the course of the nutrient vessels, ramifying through that membrane. As this suppurating and exfoliating process progressed, granulations sprung from the diploe, till the entire surface presented the appearance of a healthy wound. The last portions of the outer table to become detached were the spots from which the pericranium had been removed.

The suppuration was very profuse, but the patient being strong, and enjoying excellent health at the time the wounds were inflicted, did not at any time during the course of treatment present those symptoms of depression which would naturally be expected to follow so extensive an injury, nor were there any symptoms indicating that the inflammation had extended to the brain or its membranes. The only inconvenience or unfavorable complication was a severe neuralgic pain, extending down the right side of the head and face; but after the external table of the skull was cast off the pain ceased, and there was no further disturbance of that character. The case progressed favorably, and in about three months from the time the scalp was removed nearly the entire surface was cicatrized.

Reviews and Book Notices.

BOOK NOTICES.

Practical Anatomy; A Manual of Dissections. By CHRISTOPHER HEATH, F. R. C. S., etc. First American from the second English edition. Edited, with additions, by WILLIAM W. KEEN, M. D., etc. Philadelphia: Henry C. Lea. 1870. 1 vol., 8vo., pp. 572.

The majority of anatomies published are inconveniently large for use in the dissecting room, and it was to supply a reliable guide which might serve literally as a hand-book that Dr. Keen undertook the editing of Heath's Manual. The original has achieved some popularity in London, where it has been in use about six years.

The additions which the American editor has made decidedly increase the value of the manual for American students. They consist in a rearrangement of the text, so as to bring it into accord with the method pursued in American dissecting rooms, the insertion of a large number of explanatory sentences in various parts, the latest anatomical researches, and an appendix containing directions for the preservation of subjects for dissection, and for preparing anatomical specimens.

An excellent index accompanies the work, and the illustrations, about 250 in number, are usually distinct and well printed.

NOTES ON BOOKS.

We have heard temperance lecturers trace nearly all the evils which afflict humanity to the use of alcohol, but never, until we read a recent essay by Dr. JOHN HORNBY, of N. Y., did we suppose that drunkenness *produces syphilis and gonorrhea.* Such, however, is his firm belief, and he argues for it in a pamphlet sent us, entitled "On Alcoholic Liquors Predisposing the System to the Generation of Syphilis and Gonorrhea." His cases in proof are of this character: a very honorable man, whose only fault is that he gets drunk frequently, presents himself with a chancre. He assures us he has not exposed himself. Dr. H. at once takes him at his word, and assumes that it is liquor, and not lechery and lying, which is to explain the sore. For ourselves, we are not at all converted to his view, and prefer to believe that the disease always arises in the ancient and orthodox manner.

We append a list of recent announcements of publications on matters of medical interest:

Accidents. First Help in. Illus. A. Moore.

Attfield (J.) Chemistry. H. C. Lea.

Beale. Disease Germs, their real Nature. Lindsay & Blakiston.

—— —— Archives of Medicine. Vol. IV. Part I. Lindsay & Blakiston.

—— —— On the Liver. Illus. Lindsay & Blakiston.

Bumstead (F. J.) Treatise on Venereal Disease. Third ed. H. C. Lea.

Calkins (A.) Opium and the Opium Appetite. Lippincott.

Cole. Deformities of the Mouth, Congenital and Acquired; with their Mechanical Treatment. Second ed. Colored plates and engravings. Lindsay & Blakiston.

Flower (W. H.) An Introduction to the Etiology of the mammalia. Macmillan.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 22, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

POPULAR WORKS THAT EVERY PHYSICIAN NEEDS!!

We issue the following works, which are constantly increasing in popularity and circulation:

	PER ANNUM.
1. MEDICAL AND SURGICAL REPORTER (Weekly)	$5 00
2. HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE	3 00
3. PHYSICIAN'S DAILY POCKET RECORD, Visiting List, etc., for 35 Patients per week	1 50

☞ THE TIME TO SUBSCRIBE!! ☜

VOLUME 23d of the MEDICAL AND SURGICAL REPORTER began with the *first issue of July*, 1870.

☞ Only a few complete sets can still be supplied—Vols. 1 to 22, inclusive.

COMMUTATIONS.

☞ These terms are only offered where payment is made directly to us, and for a year, *strictly in advance.* We cannot furnish subscribers at these low rates *through Agents or the Trade:*

REPORTER AND COMPENDIUM, 1 year	$7 00
" AND POCKET RECORD, "	6 00
" COMPENDIUM, & POCKET RECORD	8 00

☞ We *offer liberal inducements* to those who interest themselves in procuring new Subscribers.

THE CAUSE OF SEX.

Confining ourselves to a strictly anatomical examination of this most interesting question, we find ourselves carried back to an early period in fetal life, when the embryo is a neuter, apparently capable of becoming male or female under impulses which are as yet obscure. The epithelium of the Wolffian passage is the point of development of the male urino-genitary apparatus; while the female organs can be traced to another epithelial tract adjacent.

But what are the impulses, in other words, what are the teleological reasons which lead to the development of the one or the other, and thus decide upon the sex of the future child?

Only two theories are possible: either each ovum, before or through impregnation, has the element of sexuality impressed upon it, and thus must develop to specific sex; or, being really neuter up to a certain period of fetal life, the embryo assumes the one or other sex, under the influence of some fortuitous circumstances.

The former theory is that advocated by Prof. THURY, who holds that the sex is determined by the period of impregnation of the ovum; that when this occurs soon after the menstrual change, the embryo is female, when later, male.

The anatomical objection to this theory is, that in the apparently neutral condition of the embryo, before the genital apparatus has been at all developed, the epithelial tracts suited to the growth of either male or female organs are present. But then this apparent neutrality is to a certain extent preserved during life, as the mammary and prostatic glands of the male testify. They may be present out of that tendency to preservation of similarity in structure of which we find examples in the appendix vermiformis, and other rudimentary organs.

The second theory, that temporal and accidental conditions lead to the decision of sex, has lately received a remarkable elucidation by the botanical researches of Mr. THOMAS MEEHAN. This gentleman, at the meeting of the American Association for the advancement of science, last year, read a paper *on the laws governing sex in plants*, in which the theory was propounded that only the highest grades of vitality produce the female sex. This year he has shown how imperfect nutrition affected the lower vitality in favor of

the male sex. He exhibited specimens of the *common sweet chestnut*, showing that there were two classes of male blossoms on this tree. One class appeared in the axils of the leaves on the weak branches. These were the numerous white catkins we are all so familiar with on the chestnut tree. They usually fall before the last class opened, and probably had little to do with the fertilization of the female flowers. The female flowers only appeared from very vigorous branches. These bore only two or three female flowers, and then if any matter was to be spared, continued on a weak male spike. If the tree is weakened in any manner this last class of male flowers is not formed, all of this material then being required to form the chestnuts. When weakness is still greater, no female flowers at all are borne, but all male ones. This is the reason why chestnuts are scarce in some years. He exhibited leaves from a large chestnut tree which had always borne heavily, but only male flowers this year. The leaves were of a mottled yellow and green tint, showing that its nutritive powers were out of order.

This we regard as a most significant observation. It is, of course, a large jump, and one not authorized, from vegetables to the highest vertebrates. But the laws of sex are singularly alike th roughout organic nature, and as we write, a number of facts occur to us in corroboration of the view that imperfect nutrition leads to male, and perfect nutrition to female offspring. The inferior viability of the male fetus is of itself a singularly striking fact in evidence.

It would seem as if Burns was right when he says that nature

> "Tries her *'prentice hand* on man,
> And then she makes the lassies, O"

Notes and Comments.

Notes on Colleges.

College of Physicians and Surgeons, New York.—Prof. WILLARD PARKER retires from the chair of surgery in this institution, but holds a clinique every Monday. Prof. MARKOE assumes the whole of the duties pertaining to the department of surgery. Prof. JOHN T. METCALFE has retired from the chair of clinical medicine, but will meet the students every Monday at Bellevue Hospital until the beginning of the year. Prof. Markoe delivered the introductory lecture on Monday, Oct. 3d.

Bellevue Hospital Medical College, New York.—Prof. GEO. T. ELLIOTT, from his recent sickness, will be unable to resume his duties this session. We are happy to be able to state that convalescence has been rapidly established, and it is to be hoped that by another session he will be in as good health as ever.

Prof. FRANK H. HAMILTON delivered the introductory lecture at Bellevue Medical Hospital College on Wednesday evening, October 12th. He briefly reviewed the teaching of medicine for the last 30 years, and satisfactorily proved that in America not only has it advanced in that time, but that now it is superior to the European method, and that to-day physicians are educated more practically than on the continent. Prof. WHITE, of Buffalo, takes the chair of obstetrics in this college, vacated for the session by Prof. GEO. T. ELLIOTT.

University Medical College, New York.—Prof. BUDD delivered the opening lecture of the coming session, on Monday evening, Oct. 3d. No changes take place in any of the departments of this college this session.

The Yellow Fever.

This much dreaded pestilence still lurks about New York city. There have been several cases on Governor's Island, within the last week, and it is said, some in the city itself. No doubt the approach of cold weather will promptly put a stop to its extension. The New Yorkers may thank their efficient health officer, Dr. Carnochan, that they have escaped decimation this summer.

Personal.

Dr. J. F. KENNEDY has resigned the Professorship of Obstetrics in the Iowa State University, and has removed from Tipton, Iowa, to Des Moines in the same State, where he requests correspondents to address him in future.

Sanitary Arrangements in the Prussain Army.

A correspondent of the New York *Nation* says: The several committees for the choice and distribution of provisions, medicines, and refreshments are often ruled by American precedents. Professors VIRCHOW and ESMARCH—two first-class medical authorities—in spite of the most vehement objections of red-tapists, have finally succeeded in introducing into the German field hospitals the American system of barracks, which, with their good air and ventilation, are far superior to the damp, ill-ventilated, malodorous rooms of German hospitals. Professor Esmarch told me that previously, in the war of 1866, he had tried to introduce this barrack system, but that at that time he could not overcome the difficulties which were thrown in his way. The

general objection to the proposed reform was that the German climate was much colder than the American, which is a mistake. On the contrary, here the climate is steadier, and the transitions from cold to hot weather, and *vice versa*, are not so sudden. At last Professor Esmarch has triumphed, and all parties concerned are pleased with the reform. I hope it will extend its influence among all classes of the people. You have no idea of the German fear and even terror of a cool draft, or of a well ventilated room. Even in midsummer the windows are closed, and fresh air is anxiously excluded. The atmosphere in the majority of railroad cars and public rooms is as suffocating as in a sleeping car on the worst American railroad—say Camden and Amboy. All these stupid prejudices will, I trust, die out, in consequence of the lately adopted American reform.

Scarlet Fever.

Some striking statistics of the fatality of scarlet fever are given in the *British Medical Journal*:

During the 21 years, from 1848 to 1868, inclusive, there were registered in England and Wales 415,982 deaths from scarlet fever and its allied disease diphtheria. To bring this number down to the present time, exact data are not yet forthcoming, but it may be estimated that at least 40,000 deaths have occurred throughout England last year. In the six months ending June last, 13,000 deaths were returned as resulting from scarlet fever and diphtheria—a number which we suspect, however, to be under rather than over the mark. Here, then, we have an aggregate in round numbers of 470,000 persons who have fallen victims to one type of zymotic disease in the last 22½ years. But what of those whom the diseases attacked but did not kill outright? On the most moderate assumption it is probable that at least 5,000,000 of persons in England have, during the last 21½ years, suffered more or less severely from attacks of scarlet fever and diphtheria. That a considererable number of these persons ultimately perished by other maladies, either induced by the original attack or supervening on a broken constitution, must undoubtedly be taken for granted.

Death of Fitzhugh Ludlow.

The death of this brilliant young writer, at Geneva, Switzerland, is announced. Though not a medical man by profession, his tastes and writings were largely of a medical character. When but 20 years of age he published "The Hasheesh Eater," in which he describes, with a powerful pen, the peculiar effects of that drug. More recently he wrote a work called "The Opium Habit," which we noticed in these columns at the time of its issue. Some of his portraitures of the opium intoxication are as vivid and far more accurate than those of De Quincy. His death is said to have been hastened by indulgence in these perilous intoxicants.

Philadelphia County Medical Society.

The after discussions at Medical Societies are becoming the most interesting part of the programme. At the last meeting of the Philadelphia County Medical Society Dr. Welsh, recently appointed to the charge of the Municipal Hospital, gave an account of the treatment of patients laboring under relapsing fever. There is no specific treatment, but rather one of symptoms,—febrifuges, tonics, antiperiodics and revulsives, being used at various stages of the affection.

The differences between relapsing fever, on the one hand, and bilious intermittent and remittent upon the other; and also the abscesses found in the parenchymatous gland structures in post-mortem examination of relapsing fever subjects, whereby this disease seemed to ally itself to pyemia, notwithstanding the difference in their respective mortalities, were all dwelt upon.

Correspondence.

DOMESTIC.

Medical Matters in Baltimore.

Eds. Med. and Surg. Reporter:

Items of interest to the medical profession have been very scarce in this city during the heated term. The medical societies adjourned until cooler weather, and the individual members thereof availed themselves of the general dullness of business to try a course of country air. In fact, as a friend remarked, there were not enough fashionable doctors in the city to make people sick, and that no business would be done until their return. Whether *post hoc aut propter hoc* I cannot tell, but the doctors are home and the city has been enjoying a splendid season of intermittent fever. All sections seemed to be affected by the miasmatic pest, and rich and poor were treated with strict impartiality. Now, however, on account of the change in the temperature, the disease has nearly disappeared.

The Medical and Chirurgical Faculty held its semi-annual session at Cumberland, the early part of last month. The president, Prof. N. R. Smith, M. D., delivered an address, and a number of important papers were read. The session is generally spoken of as being a very interesting one, and speaks well for the future usefulness of the "Faculty."

The regular meetings of the societies were inaugurated the latter part of last month by the Baltimore Medical Association. The subject for discussion

was "Moral Insanity," which was opened by Dr. Baltzell, who considered it as synonymous with monomania. Drs. Williams, Taneyhill, Erich, Uhler, Hartman, Morris, Reynolds, Wayson, and Stirling participated. Drs. Williams and Taneyhill disputed the correctness of the term, and contended that the cases reported under the name of moral insanity should be classed under insanity or depravity, and they also argued against the justice of the proceedings by which this class of persons are turned loose upon the community, the asylum or the penetentiary being the proper place for them.

The Eastern section of our city is excited over the hospital question. One of our public-spirited citizens purchased the building formerly occupied by the Maryland Hospital for the Insane, and transferred it, together with one million dollars, as an endowment to a board of trustees. In his transfer he demands that it shall be used forever as a free hospital for all classes. When it is remembered that this city contains no first-class free hospital, the value of the gift can be better appreciated. It is true that we have four infirmaries and two general hospitals, but the accommodations are limited and costly, and the Bay View Asylum is too far from the city, and there is the usual prejudice against going to the almshouse. One would think that in view of these facts the location of the "John Hopkins Hospital" in an accessible part of the city would be welcomed by all. Unfortunately, it is not so, for some of the immediate residents are using their utmost endeavors to have streets cut through the grounds. If they succeed the location will be materially injured and the hospital may be compelled to seek a new site. Of course, the great aim is to increase the value of the property in that section. For myself, I hope the mercenary attempt will fail, and that the present position will be retained as being in every way suited for the purpose.

The medical colleges opened last week with fair classes and prospects of a large increase. There are no changes in the faculties since last session. More anon. W. P.

Baltimore, Oct. 10, 1870.

Letter from Rev. Mr. Dunn.

EDS. MED. & SURG. REPORTER:

My attention has been called to an article in your October number entitled, "A Striking Coincidence." The Journal of the Gynæcological Society for August, to which reference is made, I have not seen, nor yet did I see a proof of the sermon there printed, before publication. If I had, due credit would certainly have been given to Dr. BEADLE for the passage quoted, *as was done* in the delivery of the sermon. Respectfully yours,

J. B. DUNN.

Boston, Mass., October 12, 1870.

NEWS AND MISCELLANY.

Cause of the Fatigue tothe Eyes Caused by Artificial Light.

V. MEUNIER states, in *Cosmos*, that the great difference between sun and artificial light is due to the fact that, of the light emitted from the former, about half the quantity of rays are luminous and caloric at the same time; but, as regards our artificial light, for ordinary oil (colza oil), the amount of non-luminous, yet caloric, rays is 90 per cent.; for white-hot platinum, 98 per cent.; alcohol flame, 99 per cent.; electric light, 80, and gas-light, 90 per cent.; while for petroleum and paraffin oils, the amount is 94 per cent. It is this large quantity of caloric rays in artificial light which causes the fatigue to the eyes; but this inconvenience may, according to the author, be almost entirely obviated by intercepting the thermic rays by glass, or better yet, mica plates. The use of these renders the light soft and agreeable to the eyes.

The M'Boundou, or Icaja, a Poison in Use at Gabon.

MM. RABUTON and PEYRE report in the *Comptes Rendus* that, at Gabon, a French settlement on the west coast of Africa, there is in use a vegetable poison locally known as *m'boundou, or icaja*. That substance is the root of a plant which is not further specified. The authors have been experimenting with this substance, which, even in very dilute decoctions, is very bitter, and appears to contain one or more alkaloids, since the aqueous decoction is largely precipitated by iodide of potassium, and also by phospho-molybdic acid. The poisonous effects of this substance bear some similarity to the effects of brucia, but the authors state that, under certain conditions, this poison does not hurt men. Some of the lower animals are readily killed by it; a dose of 3 milligrms. of the alcoholic extract, placed under the skin of a frog, kills it; and rabbits and dogs are killed by doses of from 15 to 25 centigrms. of the same extract introduced into the stomach.

Metals as Fuel.

An Englishman would substitute metals for coal as fuel for ocean steamers, and has patented his method, claiming that by it a larger amount of steam can be obtained from a given quantity of fuel. The theory is as follows: In combustion a large amount of coal is turned into gas, much heat becomes latent and goes to volatilize the solid. When zinc, iron, or manganese is burned, the resulting oxide is a dense solid, and but little heat is wasted, as vapor is not produced. The result of obtaining the cosmical heat latent in the atmos-

phere is that one pound of zinc will vaporize more than quadruple the amount of water that a pound of coal will turn into steam, and the oxide of the metal may subsequently be readily reduced. It is well known how small a proportion of coal compared with iron is used in the furnaces of iron foundries, where the partial combustion of the iron itself increases the heat produced by the combustion of the coal. The invention apparently rests on strict scientific grounds.

Prepared Coffee Leaves in Place of Tea.

Dr. GARDNER (England) has made a curious discovery, viz.: That leaves of the coffee plant may be substituted for those of tea without any considerable loss of the peculiar properties belonging to the latter. Dr. G., in examining at a grocer's shop a great variety of teas, noticed that one chest labelled "Assam Tea," had a very peculiar appearance. On his purchasing some, he found it to be prepared coffee leaves. These were in small fragments, not rolled, being too harsh for that operation, but convenient for measuring with a spoon, and yielding a strong, pleasant infusion, acceptable to many on account of its comparative cheapness. The dietetic question settled, the dishonesty of the transaction remains for punishment to prevent a customer from being imposed on, and buying coffee when he wants tea.

New Use for Hyposulphite of Soda.

It is stated that experiments made with this salt have proved it to be very superior for use for washing linen to the carbonate of soda now in use; it has no corrosive action, and does not cause a yellow coloring of the fabrics after some time. Borax, largely used in the Netherlands and Belgium, is a better substitute still, and by its use white fabrics assume an agreeable bluish hue, which, in many instances, renders the subsequent use of washing-blue unnecessary.

Rapidity of Mental Transmission in a Nerve.

Professor HEIMHOLTZ has made some new measurements on the rapidity at which excitation is propagated along the motor nerves of man from the brain to the muscles. The ascertained rapidity of the excitation varies between 260 and 292 feet per second, and the rapidity is also found to be greater in summer than in winter. This result led us to a more exact observation of the influence of temperature, which is ascertained by the artificial cooling or warming of the arm. By this means the accelerating influence of a higher temperature has been clearly determined, so that the interval of time between an impulse of the voluntary power and the corresponding movement of the muscles is greater in winter than in summer.

Poisonous Indelible Ink.

There is in the market an indelible ink which, when it comes in contact with the skin produces eruptions and inflammations, and is very dangerous to handle. The chief constituent of the ink is a black, half-fluid resin, made from the oriental anacardia nut. The ink is brown, and has an ethereal odor; in this respect it differs from ordinary indelible inks, and may be distinguished from them.

——The only change which has taken taken place in the medical staff of the U. S. Army since July 1, 1870, is the resignation of Assistant Surgeon E. J. Marsh, to date August 17, 1870.

——Beecher writes: "Tobacco is the one best remedy for all stings of insects. Wet it so that the juice shall start, and place it on the place stung, and in one moment you are all right again."

QUERIES AND REPLIES.

Dr. T. C. McC., Ill.—We commute with the *Journal of the Gynæcological Society* and the Boston *Journal of Chemistry*. *Eight dollars* will procure those journals and THE REPORTER for a year.

MARRIED.

BROWN—HUNTING.—In Cincinnati, October 5th, at the residence of the bride's parents, by the Rev. M. C. Briggs, D. D., W. T. Brown, M. D., and Miss S. Addie Hunting.

MICHELL—LEACH.—At Tarrytown, N. Y., October 13th, by the Rev. J. P. Michell, D. D., George B. J. Michell, M. D., and Sarah A. Leach, daughter of James L. Leach, Esq., both of New York city.

PRESTON—KEUTZEL.—October 6th, at the residence of the bride's parents, in Ross township, Pa., by the Rev. W. P. Moore, B. W. Preston, M. D., and Lizzie Keutzel.

RIVES—THOMPSON.—October 4th, at Hillsboro, Ohio, by the Rev. Joseph McD. Trimble, D. D., Dr. Edward Rives, of Cincinnati, and Miss Maria D. Thompson, daughter of James H. Thompson, Esq.

RYLAND—MORTON.—September 29th, by the Rev. Joseph Rowley, at the residence of the bride's father, near Racine, Wis., the Rev. W. S. Ryland, of Grenada, Miss., and Miss Mary E. Morton, daughter of Dr. Wm. J. Morton.

WEBB—SCOTT.—In Covington, Ky., September 27th, by the Rev. Dr. John Worrall, Dr. B. F. Webb, of Warren, Ind., and Miss Sallie J. Scott, daughter of the late Capt. Joseph Scott, of Covington, Ky.

YOUNG—MCMURRAY.—October 11th, in this city, by the Rev. Samuel Young, assisted by Rev. D. Steele, D. D., and Rev. H. Gailey, Mr. Ephriam Young, and Sarah Jane, eldest daughter of Dr. A. S. McMurray, of this city.

DIED.

BAKER.—At Suffern, N. Y., October 4th, M. Louise, beloved wife of Dr. F. J. Baker, in the 25th year of her age.

COCHRAN.—October 9th, at St. Louis, Dr. H. Cochran, son of John T. Cochran, Esq., deceased, in the 23d year of his age.

COOPER.—In Brooklyn, October 9th, Dr. G. A. Cooper, in the 48th year of his age.

CROOKS.—In Pittsburg, October 11th, Dr. James P. Crooks, in the 21st year of his age.

MORRISON.—In this city, suddenly, of paralysis, Oct. 9th, Anna Sophia, wife of Dr. H. Morrison, aged 63 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 713.] PHILADELPHIA, OCTOBER 29, 1870. [Vol. XXIII.—No 18.

Original Department.

Lectures.

LECTURES ON THE SURGICAL DISEASES OF CHILDREN.*

LECTURE I.

Hydrocephalus.

Translated by J. J. Radcliffe, M. D.

Gentlemen:—The presence in our wards of a child suffering from hydrocephalus, offers me an opportunity to entertain you with this disease. As is the case with some other diseases, it is placed on the boundary line between medicine and surgery. According to the same precision, however, different reasons would make it to rank rather in surgical pathology; for example, the nature of the treatment we use to combat it.

Hydrocephalus is either acute or chronic, acquired or congenital. Chronic hydrocephalus is known by its different causes, such as the morbid products in the cranial cavity, etc.

Congenital hydrocephalus may be considered as one of the more important varieties of the chronic form. Symtomatic or idiopathic chronic hydrocephalus possesses special characters which distinguish it from a pathological condition, with which we nevertheless often confound it. I mean cerebral hypertrophy. In fact, the cranium invests the brain, according to the different aspects of each case. Some examples will better enable you to understand these modifications.

A child entered the children's hospital presenting hydrocephalic symptoms. Its head was very large in circumference; the frontal and parietal eminences were very pronounced. Fontanelles and sutures were closed. The child died. At the autopsy, I found a considerable development of the brain, a remarkable augmentation of the convolutions, and complete absence of fluid in the ventricles, and in the arachnoid cavity. We had in this case hypertrophy of the brain, an affection pointed out and described lately by Laennec. (*Jour. of Med. and Phar.*, vol. xi.)

In another child the head presented a similar development. But the hydrocephalus in this case was real, for we noticed, besides the increase of size and the deformity, an abnormal enlargement of the sutures and fontanelles. The cranial cap appeared to be composed of one half of bone and the other half of fibrous membrane.

That you may the better understand my description, I pass before you for your observation a series of illustrations intended to exhibit the anatomical conformation of the cranium. They relate to congenital hydrocephalus. In all of these the cranium is thin, the sutures are separated. The fontanelles are largely increased in size. The cranium as a whole has a singular arrangement. The bones are isolated from one another, and scattered like islands in the midst of the membrane which bounds, to a great extent, the cranial vault.

In another cranium pertaining to a child suspected of hydrocephalus, and which, in reality, was a case of cerebral hypertrophy, you see on its entire surface a great number of transparent points, in the plane of which the osseous substance is extremely thin. In a more marked degree these points will be complete perforation.

In congenital hydrocephalus, I repeat, the fontanelles are enlarged; the sutures are not ossified, or at least are only partially so; the

*Clinical Lectures on the Surgical Diseases of Children, delivered by M. J. Giraldès, Surgeon to the Hospital for Sick Children, Associate Professor of the Faculty of Medicine of Paris, etc., etc. Collected and published by M. M. Bourneville & E. Bourgeois, Internes, and reviewed by the Professor. Paris, 1869.

bones become thin, are reduced to a simple lamella analogous to an eggshell. Likewise the head acquires extraordinary proportions.

The medical report of Dr. Bright contains the history of an hydrocephalic individual named Cardinal. His head measured 34 inches in circumference. He died at the age of 24 years; a fact that by inclusion demonstrates that life is not incompatible with hydrocephalus.

At the museum of St. George's Hospital, London, is seen the head of an hydrocephalic subject that died at the age of seven months; the head measured 32 inches in circumference. The museum of the College of Surgeons of the same city possesses three or four examples of the same kind.

Let us see now where is located the fluid that causes such a singular increase of the head. Is it collected in the arachnoid cavity, or accumulated in the ventricles? Both conditions are observed.

If the fluid is confined in the cavity of the arachnoid, it compresses little by little the cerebral mass; alarming symptoms supervene, and soon the patient sinks. Such was the action of the fluid in an enormously hydrocephalic patient who remained a long time in this hospital, and who we called noddle-headed (cabochon). He died at the age of four years. The progress of the disease will be more rapid, if the sutures being firm, the pressure is exercised uniformly over the brain.

When the hydrocephalus is ventricular, it presents several varieties. If the dilatation operates uniformly on both sides of the head, it will in its deformity maintain a certain symmetry. The dilatation, and consequently the accumulation of the fluid, is sometimes limited to a portion of the lateral ventricles. If the hydrocephalus affect the anterior cornu of the ventricles the head will have externally the appearance of a Scotch cap, or there will be two strong projections separated by a depression.

At other times, gentlemen, the dilatations bear on the middle part of the ventricles; we should say that the head is formed of four eminences, disposed in the form of a cross. Or, again, it is the posterior or occipital cornu that is distended by the liquid. From that we have a new form of the cranium.

When the hydrocephalus occupies on both sides the same portion of the ventricles, the head, we know, will preserve a certain symetry. It is not so when the hydrocephalus is limited to one of the ventricles, or to one of its cornua. There is a disproportion, and that disproportion ought to be known, for it may be the source of error. We may be disposed to take, for example, partial hydrocephalus of this kind, for encephalocele.

We will notice finally a last variety. The lateral region of the cranium, the temporal fossa yielding to the intercranial pressure, the parietal bones resisting above in consequence of the ossification of the corresponding sutures. The malformation reveals, in this occurrence, a singular and odd form of the head. M. HEWETT has published, in the first volume of St. George's Hospital Reports, a case of this description.

The multiplicity of forms that the head presents in hydrocephalus has given rise to strange mistakes. MORTON, in his work entitled Crania Americana, points out, as characteristics of race, cases of cranial malformation, which, in my opinion, should be reported as cases of hydrocephalus. This is not, moreover, the only anthropologist who has fallen into this false interpretation. You will find in the description of some other anthropologists examples of cranial malformations which are known to be occasioned only by morbid affections.

What becomes of the brain in hydrocephalus? Compressed most generally internally and externally, it is spread out by a process analogous to that employed by GAUL in his researches on the nervous system. That eminent anatomist introduced the fingers into the ventricular cavity, and by light pressure flattened the brain out like a napkin without a fold. In hydrocephalus the furrows of the convolutions disappear, and finally the fluid is confined, after the manner of a cyst, in a large sack formed by the cerebral substance. ROSEN ROSENSTEIN has already pointed out that particular condition. Some places in the sack are sometimes so thin that perforations take place, establishing a way of communication between the ventricles and the arachnoid cavity. From these conditions grave symptoms arise, and death ensues. Such was the step which followed the condition of the young man Cadinal, of whom I have just spoken to you.

The quantity of the fluid contained in the ventricles is extremely variable. In one case CRUIKSHANK collected 27 litres; M. DUPAUL,

from a child of seven months, 500 grammes. With regard to the principal elements that enter into its composition, we find in notable proportions, albumen, chloride of sodium, and potassium, urea, etc.

However it may be, the exaggerated development of the cranium alters strangely the physiognomy of the hydrocephalic child, and imprints on different organs changes which it is important to mention.

If really, gentlemen, you have examined attentively the child in the St. Paul ward, it has not been difficult for you to see that, by reason of the swelling of the head, the eyes are constrained in their movements. They are directed downward, and partly covered by the inferior eyelids; the white of the eye only is visible, and likewise defects of vision result. In the beginning the child's attention is not fixed on any object. Its gaze is vague and uncertain. Then the sight grows weaker, and finally is lost. Often also there is strabismus. Compression of the optic nerves will easily explain this phenomenon. Under its influence pathological changes take place. The roots of the optic nerve are atrophied, lesions that we very soon prove true, by examining the the papilla of these nerves by the aid of the ophthalmoscope. That physical examination has only, with the rest, a moderate importance. We know, *a priori*, that these lesions ought to be so produced, in consequence of the force exercised on the optic nerves. From that we have atrophy of these nerves. The employment of the ophthalmoscope is then useless.

Besides the visual disorders which we have related, we observe dilatation of the pupils, which exists at this time in our patient. We say at this time, because it is not constant. At certain periods of the disease it is entirely absent.

Doubtless the other senses are not more exempt from changes than vision. But unless we know that the hearing becomes frequently obscure, it is difficult to discover it, especially when it concerns very young children, and it is commonly the case that we will find it difficult to obtain an exact idea of the perversions that are experienced by the senses of smell and taste.

In regard to the other symptoms that accompany congenital hydrocephalus, we will rehearse them briefly. The physiognomy nearly natural at birth, becomes ulteriorly more and more inexpressive. This is one of the first indications of an alteration of the cerebral functions, when at the same time the head has not very greatly increased in volume. Then, at a time when the child should rely on its limbs and learn to walk, we see that it totters, and cannot support itself. The muscles are atrophied. And in spite of the quantity of food that some patients take with a singular voracity, this feebleness, far from diminishing, increases. Simultaneously, we say again, the head continues to enlarge immeasurably.

There is another phenomenon at the beginning that merits attention. The child, without any good reason, inclines its head forward. A striking contrast with the inverse position which it afterward takes, falling in every sense according to the laws of heavy bodies. Speech, that admirable instrument of connection with the exterior world, is not developed. The child screams out sharply at intervals, which has a very peculiar character, pathognomonic, so to speak, the hydrocephalic cry, the saliva flows continually from the corners of the mouth, a symptom so common with idiots.

All the symptoms are pronounced in proportion to the length of time the disease has existed. The child continues to be slovenly; it remains impotent to support itself, by reason of the paralysis and muscular atrophy, which are more marked. The expression of countenance is completely obtuse, stupid. The face has a strange appearance; it is triangular, extremely small in comparison to the abnormal size of the forehead, and relatively to the total volume of the head. The leanness, the emaciation of the face, give to these unhappy children the appearance of little old men. All these symptoms increase, the wasting of the limbs, the trunk, etc., progressing, the development of the head continues, and becomes more and more enlarged and hideous. Under the influence of the incessant encroachment of the cranium, the skin is stretched and becomes like parchment. The veins are dilated and form net-works from the vertex to the base of the cranium. A few hairs are scattered here and there.

Soon convulsions are displayed; strabismus is more marked; we notice nystagmus, and at the end of a variable time the patient is taken off either by the usual progress of the disease, or by accidental complications.

The progress of congenital hydrocephalus is very irregular, often little pronounced at

its beginning; the hydrocephalus increases in a gradual, and more or less rapid manner, up to the period when death comes to close the morbid scene. Some children, who survive, retain great intellectual feebleness; they go to end their vegetative existence in the department of insane asylums devoted to idiots. Rarely do they overstep a score of years.

Generally simple, hydrocephalus is sometimes complicated. In certain cases we observe spina bifida existing at the same time. It may appear, on the other hand, that spina bifida is the primitive affection, and that, in the course of treatment instituted for its radical cure, we see the development of hydrocephalus. We will dwell next upon that grave complication in speaking upon spina bifida.

At first sight, gentlemen, the diagnosis may appear easy. Often, however, we confound hydrocephalus with cerebral hypertrophy, or again with encephalocele. We have not had this year an example of encephalocele. I will then wait before pointing out to you the differences that exist between these affections. Another difficulty may also be presented: it is the existence simultaneously in the same child of cerebral hypertrophy, and an hydatic cyst. One of the crania which you see here belonged to a child which was affected with these two diseases. It will furnish you with a beautiful occasion to compare the various alterations which characterize these two morbid specimens. Such cases are always exceptional.

All these details, gentlemen, are of great value scientifically, but in a clinical point of view we ought to examine the management of the case, which the physician follows when he is attending a child afflicted with congenital hydrocephalus.

Practically, we ask you if the child can recover, or if there is any chance to ameliorate its condition; consequently it is indispensable that you should understand the means that science possesses to that end, however ineffectual some of them may be.

Professor GÄLIS (of Vienna) extols the following treatment: He directs the head to be shaved, mercurial ointment to be applied daily by friction, and the patient to wear a woolen cap, in order to determine active transudation. Besides, he administers internally two or three centigrammes of calomel, which he continues until the appearance of diarrhœa. He pretends to have obtained favorable results from this method, genuine cures. Other physicians, M. M. BARNIER, MAUNSEL, MILLS, etc., have recommended mercury, tartar emetic, etc., internally, in the treatment of chronic hydrocephalus.

M. BARNARD (of Bath) in 1836, and later, M. TROUSSEAU, have extolled compression of the head by means of strips of adhesive plaster; they propose to impede, to arrest its development. It is true that compression is opposed to the enlargement of the cranial vault, but we obtain this result only by forcing the fluid toward the base of the cranium, and, consequently, producing new symptoms.

In cases similar to ours, that is to say, when the head has attained an enormous size, this mode of treatment will be useless. And we declare, moreover, it has not one curative advantage. The recovery, strictly speaking, may take place, but the child remains an idiot; and surely that is a termination as much to be deplored as death.

Nevertheless, if the hydrocephalus is just commencing, if the child is well nourished, notwithstanding the separation of the sutures, and the tendency to the enlargement of the head, you may, under some circumstances, usefully interfere by a surgical means in performing repeated capillary punctures.

The place of election for these punctures varies according to the opinion of the surgeon. Some choose the tract of the frontal suture, in the middle of the space comprised between the process of the crista-galli, and the anterior fontanelle; others, and among them Russell, prefer one of the sides of the fontanelle. Some surgeons make the punctures on the plane of the lateral part of the fronto-parietal suture.

In order to complete the description of the manual of operation, we have to indicate 1st, the distance it will be necessary to pass the trochar; 2d, the quantity of fluid to be evacuated.

CONQUEST (1838), who has highly recommended this operation, plunged the instrument into the middle of the dilatation of the coronal suture, and pushed it as far as the ventricular cavity (about five centimetres). The quantity of fluid to be evacuated has been, as well as the seat of the puncture, the subject of discussion. For myself, I think there ought to be evacuated at each setting 50 to 100 grammes of liquid. After the puncture we compress the part with cotton wadding, saturated with collodion. We may also establish, with some advantage, a light and methodical compression with strips of adhesive plaster.

Have minute punctures given good results? Of nineteen patients treated by that method, Conquest lost only nine. BATTERSBY on his side has published some examples of recovery. WEST, in 1842, collected the observations of fifty patients who had been treated by minute punctures. Of these fifty cases we compute sixteen successful ones. But in examining these statistics again we discover that the sixteen cases are reduced in reality to four. And there are some doubts in regard to one more. Besides, another patient cited by West died sometime afterward.

In one of the sixteen favorable cases related by this last author eighteen punctures were made, and in another four livres of fluid were withdrawn.

In summing up, gentlemen, minute punctures constitute a superior palliative measure. They relieve symptoms of compression, dysphagia, æsophagismus, laryngismus, etc. To expect to obtain definite cures is, we believe, an erroneous idea. The curative means are reduced then to naught, and the palliation offers only doubtful chances of success. With our patient, if we have had recourse to punctures, it was only with the intention of calming the nervous symptoms. When you shall work for yourselves, if you believe it necessary to act, remember the counsels I give you, and you will never venture to express a favorable prognosis.

COMMUNICATIONS.

MYELITIS SPINALIS.

Being a synoptical notice of the case of Miss HANNAH YOUNG, of Mercer county, Kentucky, who died of that affection on the 29th of December, 1869.

BY C. H. SPILMAN, M. D.,

Of Harrodsburg, Ky.

The disease by which the life of this interesting young lady was brought to a close must be exceedingly rare; for the writer of this brief notice, in a practice of near forty years, has never before been called to witness a case of it. Some pathological writers give a partial account of it. Others, however, whose aim seems to have been to cover the entire ground of human maladies, make no mention of it.

In the case above cited there was great obscurity, particularly in the early stage, which rendered a satisfactory diagnosis a thing of difficult attainment. The local affection was completely masked by a depressing influence propagated upon the heart and arteries, through reflex action of the nervous power, attended by the most intense suffering and loss of voluntary motion, particularly in the extremities. That the disease was spinal, the symptoms left little room for doubt; but whether primary or symptomatic, organic or functional, medullary or membranous, was a problem not so easy to solve.

On the first visit I found my patient upon her back, with a perceptible inclination to the right—her right thigh and leg each slightly flexed, and the left nearly straight. She had power to move her head slightly, but it gave her great pain—no voluntary control over any other part of the body.

The disparity in the paralysis of the upper and lower extremities is note-worthy. The muscles of the former were rigid; those of the latter placid; both alike powerless. Another interesting feature worthy of remark, as shedding light upon the pathology of the case, is the hyperæsthesia of those parts in which voluntary motion was entirely suspended. Tactile sensibility was acute; pain was extreme, particularly on the slightest movement of the body. The least jarring of the bedstead; a heavy tread upon the floor; a loud noise, even the human voice, would occasion a paroxysm of suffering. When interrogated as to the seat of her pain, she would answer, "all over me." The pulse not greatly accelerated, from 80 to 90 beats in the minute, feeble and unresisting. The average temperature of the surface rather below the natural standard; extremities cold, that of the lower limbs more marked, and so deeply was organic life implicated, and so profound the depressing influence upon the circulatory system, that an attempt to turn her upon the side to apply cups along the course of the spine resulted in prolonged syncope, from which it was difficult to arouse her. Subsequent attempts were attended with similar results.

The stomach was so irritable from the onset as to render it an impracticable medium either for nutrition or medication. Incontinence of urine was an early and persistent feature. The power of defecation was greatly impaired.

About the expiration of the third week of her illness, during which time repeated efforts were made to change her position, resulting as often in suspended animation, there were unmistakable evidences of gangrene upon the

parts that had been subjected to pressure; and a marked coincident alleviation of pain.

With the assistance of Dr. HUNT, whose friendly aid and counsel I had previously obtained, she was brought pretty fully under the influence of chloroform, and placed on her left side, after having shielded it with adhesive plaster. A diffuse erysipelas covered the back from the scapulæ to the nates; and the back of the sacrum and inferior lumbar vertebra were left bare by an extensive slough. About this time pain left the upper extremities, and voluntary motion was restored. The inferior extremities were still powerless; sensibility, however, intact.

She had maintained this position but a short time when a burning pain and great restlessness indicated that the integrity of the soft parts underneath was threatened We therefore turned her upon her right side; with great difficulty, however, as the pain, from the commencement, had been more severe in that direction, and she protested she could not lie on her lame side. But it seemed the only alternative. Upon removing the plaster, the outer surface of the os innominatum of that side, from the anterior superior spine of the ilium to the tuber ischii, was exposed by an extensive slough. Even the ligamentous portion of the hip-joint was destroyed.

Hoping to preserve the only remaining sound side, using such appliances as were calculated to harden and toughen the integument, and counteract a tendency to gangrene, with a view to equalize the pressure, and interfere as little as possible with the circulation in the extreme vessels, it was carefully laid in a hollow cushion. The expedient, however, was not successful. In a few days the slough, involving the same parts, was as extensive on this as the other side.

We now procured the valuable aid of Drs. GAITHER and TOMLINSON, who, after a critical examination, concurred in the opinion, that a sustaining treatment, equal pressure, and such topical means as would arrest gangrene and promote granulation, were the leading indications in the case. These indications were met with all the assiduity of which the case was susceptible; but were unavailing, and thus the poor sufferer was doomed to lie literally upon her bones for several successive weeks, mitigated only by such mechanical contrivances as might sustain the weight of the body upon less prominent parts of the surface. The projecting wing of each ilium, the entire hip-joint, including the great trochanter and upper portion of the shaft of the femur, on either side, the posterior of the sacrum and lower lumbar vertebra—all divested of the soft parts—presented a spectacle truly appalling.

About the expiration of the second month of her illness she became the subject of a diffuse inflammation of the mucous membrane of the mouth. Many blisters, filled with semi-transparent fluid, were visible over the entire surface, leaving innumerable superficial ulcers, rapidly coalescent, until the mucous surface was completely destroyed and the subjacent tissue left bare.

About this time a free hemorrhage occurred, which seemed to flow from no particular part, as from a ruptured vessel, but presented more the character of a secretion from a morbid state of the extreme vessels; for the blood was seen oozing from every part. Simultaneously with this occurrence, the inferior extremities became œdematous, and were extremely sensitive. There was, therefore, throughout the entire course of the disease, and running parallel with the spinal lesion, which was clearly evinced by the paralysis, an unbroken chain of morbid phenomena, strikingly simulating scorbutus, which rendered the case complicated and exceedingly embarrassing. I would, however, note this difference: the redness of the mouth was brighter, the gums less spongy, and the common surface less sallow than usually characterize uncomplicated scurvy.

Etiology.

This attack followed immediately upon a ride from Harrodsburg to her home—a distance of six miles—on a cold September night out of a warm crowded room, without proper protection, by which she became exceedingly chilled, and from the depressing influence of which her system never fully reacted.

Deductions from experimental observations of the laws which govern the vital economy, through reflex action of the nervous power, may perhaps contribute to a solution of the problem of causation in the present instance.

It is a well known physiological law, that impressions made through sympathetic sensibility, of whatever kind, whether stimulant, depressant, or simply alterant, correspond with the specific virtues of the agent, and that the nervous power, with the attributes and modifications thus acquired, is reflected abroad, and often exerts in a remote part,

through reflex action, such influences as would result from the direct application of the agent to that part.

The powerfully depressing influence of cold as a vital agent—the intimate sympathetic relations subsisting between the common integument and the various functions of organic life, taken in connection with the low grade of vitality which characterized the disease in question, are circumstances highly presumptive of the alleged cause; and it would seem needless, in the absence of any other appreciable agency, remote or immediate, to indulge in any further speculations relative to it. From the time of exposure the depression was so profound as to transcend all inherent resisting force; nor were we able, by any available means, to elicit recuperative power.

Pathology.

The elements of the pathology of this complicated case are multitudinous, and a minute analysis perhaps unattainable, particularly in the absence of an autopsy, which was denied us. To us it seemed clear that there was inflammation and softening of the spinal cord near its terminus, involving that portion especially which gives origin to those nerves supplying the pelvic region, together with the inferior extremities. The remarkable coincidence of entire loss of voluntary motion, while sensation remained intact, affords a striking exemplification of the difference in the functions of the two orders of nerves, as also their separate and independent action.

If the theory which rests upon the discoveries of Sir CHAS. BELL, and subsequently enlarged upon and reduced to a more perfect system through the labors of MULLER, HALL, PAYNE, and others, referring the origin of the two classes of nerves to the anterior and posterior columns of the cord, respectively, be founded in truth, we are furnished with abundant data, not only for a philosophical solution of the different states of the sensitive and motory functions, but the location of the principal lesion in the anterior columns where the motory nerves originated.

How far the more recent experiments of Dr. BROWN-SEQUARD, in regard to the origin and course of the two orders of nerves, may be presumed to conflict with the above theory, we will leave for the curious to determine. We do not believe that a fair analysis of his experiments furnishes any facts which stand opposed to the well settled theory in regard to the origin and medium of sensory and motor influences. That the two orders of nerves perform separate and distinct functions, and that the action of each is independent of the other, the phenomena in this case clearly attest; and on the assumed theory of anterior origin for the motory and posterior for the sensitive fibers, the conclusion seems inevitable that the anterior columns were most deeply implicated in the lesion.

No more embarrassing problem presented itself in this case, than the unaccountably depressed state of the organic functions. The form which but yesterday presented the most perfect picture of health and youthful vigor, is to-day prostrate and helpless. The vital movements are labored and halting. The life power seems poised on dubious contingencies, as is clearly evinced by the frequent supervention of syncope on the slightest movement of the body.

The only philosophical solution of which this phenomenon is susceptible, is its reference to consent of parts. Although it is a well ascertained fact that the nervous power is concerned in all organic actions, even to the minutest details of structure, yet the cerebro-spinal nerves, leading to a given part, may either be destroyed, or their functions suspended, and still organic action in the part maintained. This arises from the distinction observable between the nervous power and the organic forces,—the former sustaining to the latter, only the relation of a vital stimulus. Nevertheless, the latter may be profoundly influenced by the deprivation of the former; and the withdrawal of this excito-motory influence, which it is the office of the nerves to impart, whether in health or disease, may give rise to a consecutive series of sympathetic results, of a depressing character, and ultimately involve the entire organic system.

This disease, which at first in many of its external manifestations, as also in the cause which produced it, bore a striking resemblance to rheumatism, was doubtless localized by a preëxisting morbid susceptibility; and the instantaneousness with which the organic forces were overwhelmed, determined by the vital connections of the part most deeply implicated. It affords an instructive specimen of the general, as well as partial results of the excito-motory influence; the latter direct, the former reflex.

Treatment.—We do not know that anything of practical value could be extracted from a detail of our treatment of this case. We were absolutely debarred from a fulfilment of the most important indications, by her extreme prostration and the keen agony she suffered. A few subordinate means only were practicable. We did not misconceive the site of the lesion.

Nor did we doubt its inflammatory character, however wanting in the ordinary characteristics, by the profoundness of the stroke which overwhelmed the reactive force. Topical blood-letting and counter-irritation along the course of the spine, and particularly over the lumbar and sacral regions, were naturally suggested as the leading indications; but numberless fruitless attempts were made to reach those parts. Venesection was attempted, but badly borne—probably beneficial, but could not be pushed to the requisite extent Cups were freely applied, as near the seat of the disease, on either side, as could be gained, followed by a succession of blisters. Gentle friction, with stimulating embrocations over the surface, and artificial warmth with hot flannels, and bottles of hot water, were perseveringly employed; alteratives and aperients were repeatedly tried, but opposed by insuperable obstacles; first, the stomach intolerant of medicine, food and water; secondly, the bowels, the regular action of which, we regarded as an indication second only to local depletion, obstinately constipated, having apparently lost their susceptibility to the action of stimuli; and lastly, the utter impossibility of subjecting her to sufficient bodily movement, either for the administration of enemata, keeping her dry and clean, or the use of the most conveniently constructed night glass.

The epigastric region was cupped and freely blistered without perceptible mitigation of the gastric irritation, which persisted to the last,

As sustaining means, the carb. ammonia, cit. fer. and quinia, sulph. quinia, and alcoholic stimulants in various forms were used, and all rejected by the stomach. For arresting gangrene, bromine and carbolic acid of varied strength were employed. The latter we found to be much more efficacious as an antiseptic. Lint saturated with 1 to 20 parts of water, never failed to arrest the gangrene. For promoting the separation and removal of the eschar, the yeast poultice was employed. For subsequent dressings the carbolic acid, 1 to 40 parts of water, was applied to the surface for promoting granulation, and dry lint, over which a plaster of basilicon ointment, modified by prickly pear, was laid, which completed the dressing. This was repeated daily.

For obtaining access to the side on which our patient was lying, we had a cot constructed, from the canvas of which a slip was taken, of sufficient dimensions to expose the diseased parts for applying the necessary dressings. On this cot, with two folded comforts and a hollow cushion intervening, she rested during the intervals. The embarrassing exigencies of the case often suggested a regret that we had not at command Dr. Arnott's water bed or floating mattrass.

The difficulties that encompassed us, from the impossibility of lifting her and changing her position, without painful encroachments upon diseased parts, are more easily imagined than described; and the revoltingness of the scene and the excruciating torture she suffered, beggar desciption. It ultimately became an object of anxious concern to find in the community men and women of sufficiently stout heart and strong nerves to brook the scene and render the necessary aid.

It is amazing, that with so little apparent organic life from the outset, under such exhausting wastes and meagre supplies, she should have survived for over a period of three months from the attack.

Her complete immobility from the first—the depressed state of the vital forces, and the impossibility of moving her without the most unbearable suffering, were to us phenomena so unprecedented, we should hesitate to record them, were not the alarming results of our numberless efforts to change her position attested by a cloud of witnesses.

HYPERTROPHY OF THE LIVER.

By Dr. G. H. Holland,
Of Frankfort, O.

Charles Hobert, æt. six years, received a fall from a chair, striking the left side against the chair-post, from which he apparently soon recovered. Seven months after the attention of the parents was attracted to an enlargement of the abdomen. No pain was complained of, and no departure from his usual good health observable. The tumor was soon found to be rapidly increasing, with general emaciating; appetite good, rather craving. Nothing com-

plained of as yet, but at times difficulty in respiration after eating. Various physicians were consulted, Prof. SMITH, of Columbus, with the rest. They all concurred, as far as I could learn, in pronouncing it enlargement of the spleen. The case was treated mainly with the iodide and bromide of potassium. The patient gradually grew worse, and on the night of the 5th of September, 1870, died very suddenly of dyspnœa. Eight hours after death, in company with Drs. CUTLER, MERRIMAN, and MCGLADE, autopsy was performed. The following is in substance the notes taken at the time of the examination.

Subject eight years old; rigor mortis not well established; general emaciation. Twenty-seven inches midway between umbilicus and ensiform cartilage; two inches less at umbilicus. Pulmonary organs first examined. Very extensive pleuritic adhesion on both sides; heart very much hypertrophied, with all the cavities full of coagulated blood; two ounces of fluid in the pericardium; heart occupying a space between fifth and sixth ribs; both lungs very much congested; parenchyma normal. Extending the incision, the first thing encountered after passing through the peritoneum was the liver, apparently occupying a central position in the abdomen, and crowded up under the sternum. It was removed from the body and found to weigh six pounds strong. Was adherent to the diaphragm for two thirds its length. Texture very soft and easily broken down by the fingers. The greatest enlargement was of the right lobe. Spleen was next examined. Found to be enormously enlarged; weight, one pound nine ounces; tallowish and mottled appearance; texture soft and easily broken down; both right and left kidneys were hypertrophied and the texture very much degenerated; mesenteries were congested and the vessels very much enlarged.

What we think particularly worthy of notice in this case is the enormous size of the liver and spleen. We think all the derangement of the other organs was caused by the mechanical interference of the liver and spleen; principally the liver. It is probably not amiss to state that the patient never suffered pain save from dyspnœa and hunger, which was at all times craving.

—— Some one in *Les Mondes* reports the cure of two cases of somnambulism by full doses of bromide of potassium.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Clinic of D. HAYES AGNEW, M. D., Professor of Clinic and Operative Surgery.

(REPORTED BY DE FOREST WILLARD, M. D.)

Epithelial Disease of Eye—Extirpation.

GENTLEMEN:—The patient now before you, æt. 55, is one upon whom I have twice operated for a disease of the eye, which gives unmistakable evidence of being epithelioma, and yet which, though so often recurring, I still believe to be of local signification, the general system not being yet contaminated, and a further operation still gives hope of relief. In the first instance, some years since, I removed a growth the size of a pea, shaving it from the sclerotic, and trusted that it would not return. But it was not many months before it made its appearance in the same situation, and was again removed, and this time to as deep an extent as possible without risk of staphyloma; but, as you now see, the disease was deeper situated, and has again appeared, this time in a worse form.

As you will perceive, the mass bleeds freely and has projected from the palpebral fissure, causing the lids to adhere by hardening and incrustation of the surface, and presents a dark, unhealthy appearance. The patient still retains the power of perception of light in her eye, but by reason of the strong tendency which this disease has manifested to return, as also from its rapid growth and the presence of pain, I am decidedly of opinion that the entire ball should be immediately extirpated, thus ridding her of all source of offence, before more serious injury and constitutional symptoms result; for although primarily, as I have said, a local disease, yet the system does undoubtedly become secondarily affected in time, especially in cases like the present one, where the disease is so persistent in its nature. These epithelial cancers, or cancroids as they are sometimes called, are thus met with in the eye as well as in other parts of the body, and as there are best treated by removal, lest degeneration, or implication of the system follow. The most frequent form of cancer in the eye, however, is of a melanotic type, which is malignant in its character even from the first, and requires early removal, if at all, or the operation will be of no relief.

In cases like the one before us we can be certain of add'ng to the life of our patients, but should guard ourselves from censure by informing them that there may be a return at some future day.

In removing this organ, I shall simply take away the ball itself, since there is no involvment of the surrounding structures, leaving behind all the muscles, fat, and connective tissue, in order that there may remain as good a stump as possible for the adaptation of an artificial eye; and especially do

I leave the muscles, since by their action they will be able to move this stump in such a manner that the new eye will work in unison with its fellow of the opposite side, thus dispensing with the so noticeable feature which occurs whenever this correspondence of action does not take place.

The outer canthus will be divided to give access to the growth and eye, and I shall commence by cutting through the conjunctiva throughout its entire circumference, and then hooking up each muscle, I shall divide them one by one, behind their insertion into the sclerotic; and lastly, cut off the optic nerve by a pair of scissors curved upon the flat. In this way but little blood will be lost, and we shall secure an excellent stump.

When the surrounding structures are implicated, it often becomes necessary to remove them all, scraping out the orbit, even down to the periosteum, in order to take away every vestige of the disease if possible.

[The patient being etherized, the extirpation was performed as described. The orbit was then packed with lint, wet in carbolic oil, which soon caused cessation of all hemorrhage, when the lids were closed with a compress and bandage. This will be removed in twenty-four or thirty-six hours, and fresh, dry lint substituted, unless undue inflammatory action should occur, in which case cold applications will be constantly applied.—De F. W.]

Fistula in Ano.

This little child, 3 years of age, comes to us with a complaint which is sufficiently rare in children to make the case of interest. It is a case of anal fistule. I have seen it in a new-born babe, as a congenital malformation, owing, evidently, to deficiency of embryotic organization, but these cases are rare, and it is a complaint commonly met with in adult life.

A fistula in ano is, as you know, the result of an abscess developed about the rectum, which has discharged itself by one or more orifices, either into the bowel or upon the integument, or by both routes, which rupture has been followed by a non-union of the walls of the track, owing to the constant action of the levator and sphincter ani muscle, and a sinus with indurated walls has been the result. When this opens into the bowel without perforating the skin, the track is called a "blind, or partial internal fistula;" when merely upon the skin, an "incomplete external fistula," etc., and thus we have a variety of pouches formed by these sinuses.

In regard to the cause of this affection at so early an age, I think that it may be developed by long and continued attacks of diarrhœa, or especially dysentery, provoking irritation of the surrounding structures sufficient to occasion an abscess, or, again, by exactly the opposite extreme, that of long constipation and the impaction of fæces in the rectum, setting up the same irritation as in the former case. In adults it is often the result of violence done to the part. These sinuses at first may be but partial fistules; but in process of time they usually become complete, and fæces often make their escape mixed with the pus which is secreted from their sides.

The external orifice, or orifices, for there are often many, usually have the appearance which you here see, that is, a projection or teat, which is red, indurated, tender to the touch, and with a small opening in the center, of variable size; and these, when many in number, give a riddled appearance to the perineum. The length, course, and diameter of these fistules, vary in different cases, and we find them opening at all points from the verge of the anus to a point two or three inches up the rectum. In either case they are unpleasant to the patient, rendering his life miserable from the constant odor consequent upon the discharge and the consequent unavoidable uncleanliness, and even when there is no opening into the bowel, the oozing of purulent, or muco-purulent matter will be an evil which will call for operative relief.

I place this little child upon its face, and insert a probe into the orifice of the sinus, which you see about an inch from the anus; it passes upward and inward, and now with the finger of my left hand I feel it enter the rectum, just below the internal sphincter;—I bend it downward, and easily bring it out the anus.

In these cases it is useless to attempt a cure by stimulating injections, cauterization, etc., for the constant contraction of the levator and sphincter ani muscles will render all such attempts futile. It is far better at once to lay open the abnormal canal throughout the whole of its extent, thus ridding ourselves of the action of these muscles, and compell the wound to heal from the bottom, by an inserted tent.

We may sometimes have great difficulty in finding the internal opening of the fistule, owing to the sinuosities of the canal; but by patience and perseverance, sometimes, perhaps, even using the speculum, I think we can usually succeed, especially if we remember that the orifice is likely to be low down in the bowel, and not at a distance from the anus. That an internal orifice exists in a large majority of cases I believe, although I am certain that we meet with cases in which there is none. Should no such opening, however, exist, we can easily complete the fistule by boring the director through or by passing a small, sharp-pointed bistoury along the track into the bowel, guarding it by an inserted finger; after which we have but to carry a grooved director through the course thus made, bring it out the anus as the finger is withdrawn, and then carry a knife along the groove, dividing the superimposed structures, and giving us an open, granulating surface.

When the fistule is very short, a narrow probe-

pointed bistoury may be carried through it, and then drawn directly downward by hooking over its end the finger of the left hand, thus severing the bridge of tissue in its course, and cutting the levator ani longitudinally and the sphincter transversely. In either case a tent well oiled and allowed to remain will enable nature to complete a cure without any further paring or scraping of the sinus.

When the opening into the rectum is at a distance above the anus of three inches, and when the knife would be likely to occasion severe hemorrhage from the section of the hemorrhoidal arteries and veins, we may use the ligature. It is slow in its action, but possesses the advantage of allowing the patient to move about during the treatment. The thread should be of strong silk, and may be carried through by means of an eyed probe, in the same manner as we introduced the grooved director; or when this cannot be accomplished by reason of the distance of the aperture from the verge of the anus, a double ligature may be carried into the bowel upon the nail of the forefinger as far as the internal orifice of the track, while along the fistule is then passed a bulbous probe, over which the loop may be caught, and by a process of twisting be withdrawn attached to the probe. Then we need but to draw one thread entirely through, leaving the other behind, and we have a single ligature which can be tightened by tying or twisting, and in this way a constant pressure can be made which will in a short time cause the string to ulcerate its way to the surface, while the tissues will unite in its rear by granulation. This is a slow process, and when the orifice is within two or three inches of the anus, I prefer the use of the knife. There is but little danger of any hemorrhage which will not be perfectly controllable by pressure..

[The little child was then etherized, a grooved director passed through the sinus, brought out of the anus, and the structures divided with a bistoury. Hemorrhage ceased with the insertion of an oiled tent, which was held in position by a compress and T bandage. Opiates will be given to control the action of the bowels for a few days, after which they will be opened by a purgative or enema.—DEF. W.]

The next case is one which is interesting as regards diagnosis, as it might give you some little doubt as to its origin. The patient is a laboring man, 45 years of age, who states that he received an injury of the hand by a penknife some four months since, which soon healed, but caused him considerable pain, and was accompanied with enlargement of the axillary glands, and though they did not suppurate, yet gave him severe pain for a long time, and he says that the pain extended forward upon the anterior aspect of the thorax.

Upon examination, you will perceive a large tumor presenting itself below the clavicle about its middle third, and another smaller one above the bone, in the neck; and as I press upon one of these you will see that the other increases in size, showing that they are connected in some manner, which connection must be beneath the clavicle. To the hand they are soft, elastic and fluctuating, not lobulated like fatty growths, nor hard like malignant tumors; neither does its history indicate any such character. I pass the exploring needle and find pus, yet it is deep beneath the surface. It cannot be an aneurism, for it is not in the position of an artery; neither has it a thrill.

This is then an abscess; and as we mark its situation we see that it is directly over the division of the sternal from the clavicular portion of the pectoralis major muscle, and I find that I can almost pass one finger down between these portions. This, then, has evidently been a *post-pectoral abscess;* the pus has made its escape in this direction, and appearing here in front, and is now burrowing in different directions.

The man is pale and feeble, and must be relieved of further drain; at the same time attending to his general health.

[Eight ounces of offensive pus were then drawn off by an incision, and a compress and bandage applied in order to cause apposition and union of the walls of the abscess, while a tent or drainage tube will be inserted into the opening.—DEF. W.]

EDITORIAL DEPARTMENT.

PERISCOPE.

Infantile Aural Catarrh.

Dr. A. H. VOORHIES, Professor of Aural and Ophthalmic Surgery, of Memphis, Tenn., says on this subject in the Nashville *Medical Journal:*

Not only anatomical facts, but daily experience, prove to us the great frequency of diseases of the ear in children.

Ear-aches are of such common occurrence with children that you scarcely know a child that has not suffered at one time or another in this way. If the proper examination is made, it will be seen that it generally depends upon inflammation of the middle ear, and not upon a neuralgic nature.

Otorrhœa is known to be one of the most frequent affections that we are called to treat in children between the ages of six and twelve, and I am sure that

more than half are dependent on a previous inflammation of the middle ear.

Since experience teaches us that inflammatory diseases are so very frequent with children old enough to point out the seat of pain, it is reasonable to believe that the same disease as often attacks those of a more tender age; but that we are not so able to detect it, simply on account of the difficulty of recognizing the true state of things in the absence of a purulent discharge. The anatomy of the parts, combined with the well-known history of their development, prove how favorable circumstances are to the disturbance of the function of the mucous lining of the middle ear. You will more certainly agree with me when I call to your recollection the intimate relationship between the dura mater and the mucous membrane of the middle ear, as the former extends along the "fissura petrosa—squamosa." Nearly all the fixed points are wanting, such as we have in adults, by which we are enabled to diagnose inflammation of the ear. We are obliged to rely upon a few prominent symptoms—to diagnose by exclusion, and look well to the result of our therapeutics. When the collection of pus is large, we can hardly fail to recognize the state of things; and the affection will soon declare itself by the peculiar cry of severe pain, as ascribed to this condition by some practitioners. The character of the cry, the great disquiet, and the disposition on the part of the child to bury its head in the pillow, will lead the physician at once to suspect otitis interna. The pain may last for days, without any intermission of consequence.

The crying will distinguish it from diseases of the lungs or trachea, but this cannot be relied on in inflammation of the brain or bowels; yet the absence of the more prominent symptoms of these affections will at once settle the question.

There is one important point that I would especially refer to—that is, the increase or decrease of pain in the movements of the child; for it will always cry in the peculiar way spoken of, when it is moved in the slightest. Accompanying this, you may almost always look for nasal catarrh, which, in most instances, will be quite prominent. It is rather difficult to come to a definite conlusion as to the degree of deafness; still we can always tell whether the child, even of a very tender age, can hear loud sounds or not. That many of the attacks of convulsions, with stupefaction, are dependent, solely and entirely, on an otitis media, I have not the slightest doubt.

Now, what shall be our treatment when an otitis media is correctly diagnosticated?

If the case is seen early, say within the first twenty-four hours, and the little sufferer is considered healthy, I would order one leech to be applied to the front of the ear, while an evaporating lotion of some kind is placed around it, to relieve pain and hyperæmia. Have the meatus filled with warm water every ten or fifteen minutes; but never employ poultices, for all the good that such can do your patient can be obtained by the use of warm water, as mentioned, while much harm may follow the use of the poultice, in the way of establishing an obstinate otorrhœa. The frequent injections of lukewarm water through the nose will do much in the way of removing mucus from the pharyngeal space. Politzer's method is my chief reliance, for by this means the tube can be opened, and an escape of the pus effected. It must be remembered that the Eustachian tube is not only relatively, but absolutely, wider than in adults.

This method of inflating the tympanum is far preferable to all others, since it can be employed at all ages, and in the face of the most determined resistance on the part of the child.

Compressed and Rarefied Air in Therapeutics.

We have several times referred to this subject. The following notes on it we extract from the *Bowdoin Scientific Review*, prepared for that journal by NORMAN CALL, A. B.

The first prize in Medicine and Surgery for 1870 was awarded by the French Academy to M. Junod, inventor of various *ventouses* (apparatus for the employment of air) so often mentioned in connection with his name. The title of the work presented by M. Junod, in competition, is entitled: Concerning Hemospasic and Ærotherapic Medications, or Compression and Rarefaction of Air, both over the whole surface of the body and over particular limbs.

In the introduction to his work Dr. J. explicitly defines the expression, "hemospasic and ærotherapic medication" as here employed, to signify merely baths of compressed air.

He claims originalty in this method in which M. Tarabié made the first formal application to therapeutics, and which during the past twenty years has been the subject of several works, the most important of which are those of Dr. Prevez, an old student of the famous Polytechnic School of Paris, and M. Bertin, of Montpelier.

As early as 1835 the learned M. Serres, in a report to the academy, directed attention to the powerful effects attained by the large *ventouses* of Dr. Junod, the immediate cause of which is the diminution of atmospheric pressure in the regions where the *ventouses* are applied, effects which may be utilized in certain diseases.

He then adds: "M. Junod also employs his large *ventouses* to compress the air about a limb, and then by an inverse effect the blood is forced toward the part subjected to compression. An action and reaction may then be determined, from which use-

ful results in the treatment of certain diseases may be hoped for."

The effect of the increase or diminution of atmospheric pressure on the whole body had, at that time, received no attention, but Dr. Junod lost no time in applying himself to this question, and subsequently addressed a memoir to the academy and submitted it to a committee. This memoir has not, as yet, received any acknowledgment, therefore Dr. Junod brings it before the convention of this year.

In 1783, nearly a century ago, the Harlem Society of Science proposed the following prize subject: 1. To describe the most fitting apparatus for making experiments on condensed air in the most convenient and accurate manner. 2. To determine with this apparatus the action of condensed air in different cases, and among them to study animal life, the growth of plants and the inflammability of different kinds of air.

Such a subject as this well characterized the age in which it appeared. It was, indeed, so to speak, the order of the day, in 1783, in those memorable times when pneumatic chemistry marched from conquest to conquest; in those times when Lavoisier, though young, but born to immortality, had just robbed nature of this secret of respiratory combustion, so long concealed, and like another Prometheus had discovered the veritable fire of life, since to extinguish it is to extinguish life also.

The prize subject so happily selected by the Harlem Society of Sciences received little attention, however, and no solution of the questions proposed was offered.

In 1834 Dr. Junod presented a memoir to the academy, in which he made known the effects of condensed air on man in a state of health, and this, according to Dr. Pravez, himself, was the initiative of the researches on the action of compressed air on the human body.

"When," said he, "the natural pressure is increased one-half, these phenomena are observed: The membrane of the tympanum, forced backward toward the internal ear, becomes the seat of a disagreeable pressure, which disappears gradually as the equilibrium is reëstablished, probably by the introduction of condensed air into the middle ear through the Eustachian tube; respiration is continued with renewed facility, the capacity of the lungs for air seems to be increased, the respirations are heavy and more frequent than ordinarily, and at the end of fifteen minutes an agreeable heat is felt in the chest.

"The circulation of the blood appears to be modified; the pulse is full, and is with difficulty depressed; the calibre of the superficial vessels is diminished and may completely disappear, so that the blood, in returning toward the heart, follows the course of the deep veins. The intellectual function are excited, the imagination is lively, the thoughts are occupied with some particular charm, and in some cases a sort of delirium, intoxication, is experienced; the muscular system shares this increase of activity, the movements are easy, energetic and apparently more steady. The digestive and all the secretory functions, especially those of the saliva and the urine, are performed with facility.

"It is said that the weight of the body is sensibly diminished, at least such is the sensation experienced by a person when confined in the condensation apparatus."

In the same memoir in which M. Junod thus set forth the influence of condensed air on the living man, he also discussed: "The effects of the increase and diminution of atmospheric pressure on the human body."

The report made to the institute in 1835, on the memoir of M. Junod, terminates thus: "Your commissioners, who have witnessed the experiments of this author, have throughout observed with interest the modifications the voice undergoes under the influence of the greatest or least density of the air, as the pump for rarefying the air is worked, the voice loses its intensity; in case of compression, on the contrary, it assumes a very distinct tone quite as extraordinary."

Physicians and Apothecaries.

Dr. J. H. H. BURGE says on this subject, in a lecture printed in the New York *Medical Journal:* In the solution of this question—"Doctor, does it make any difference where I get this?"—is involved the whole subject before us. We hold that it makes so much difference, that we are in duty bound to demand that the proprietor of every pharmacy, and every clerk who is, under any circumstances, allowed to dispense medicines, shall be practical druggists and graduate of some legal and reliable college of pharmacy. It seems to us but reasonable that the law should absolutely restrict the compounding of prescriptions to such persons. Such a law, properly enforced, would immediately divide our apothecaries into two classes, viz., pharmaceutists and medicine-vendors—and this leads me naturally to the subject of the next and most desirable reform. Medicine-vendors will, of course, make and sell secret nostrums *ad nauseam;* but is it too much to ask that the scientific pharmaceutist—the physician's help-meet and co-laborer—should ignore a traffic so ignoble? Why should our prescriptions be dispensed by the very men who engage in the encouragement of the vilest quackery? It is an incongruity which ought not to be longer tolerated.

Let us pledge ourselves to the encouragement and support of those who will banish all nostrums and quack advertisements from their stores. The field of enterprise will be wide enough then. There

is no objection to the sale of fancy goods, soda-water, and pure medicines. These, together with an increased prescription business, will doubtless prove encouragement enough to twenty first-class stores in different parts of the city. The more sudden the transition the better. This is no visionary idea. We have the promise of such pharmacies, and, if you desire it, they must succeed.

Another evil which we ask to have abated, is the practice of prescribing over the counter. So universal has this become, that the common people call drug-stores "doctor's shops." Just as an ignorant man supposes that a doctor knows all about the art of pharmacy, of which, by-the-way, he is often shamefully ignorant, so he supposes the apothecary to know all about disease; and this popular impression and misconception often spreads to these functionaries, and leads them to imagine themselves to be what they are not.

By taking advantage of the popular error, viz., that because he deals in medicines he must know all about their uses, he performs a service for which he has not been fitted by education or practice; he impliedly makes pretension to knowledge which he does not possess, and he takes from the physician part of that business which he has spent the best years of his life in preparing himself for.

Again, we have a right to demand that, in each case, the terms of the prescription shall be rigidly adhered to.

A teacher in the College of Pharmacy is quoted as having said that, if any particular manufacturer's preparation were written for, the apothecary was justified in substituting his own or any other as good, unless it were an article of unusual importance; that if he did not his neighbor would, and he would be pronounced a poor druggist, while the neighbor would get the credit of being all right. I only refer to this to say that it is pernicious teaching, because the physician alone must judge of the "importance" of the article in any given case.

Loss of Superior Maxillary Bones.

Dr. J. A. PERKINS, of Amesbury, Massachussetts, gives the following case in the *Dental Cosmos:*

Mr. A. E. Brown, some five years since, while working in a saw-mill, in New Brunswick, met with a very serious accident, which resulted in the entire loss of the superior maxillary bones, with their attachments, the nasal processes, and palate bones, the stick striking him near the centre of the nose. His injuries at the time were of such a nature, and his prostration so great, that no hope of recovery could be entertained by his friends. But, possessing a remarkably hardy constitution, and fortunate in the attendance of a skilful surgeon, together with good nursing, he slowly recovered. But months, and even years, elapsed before he was able to engage in his usual occupation.

In the mean time the roof of the mouth became covered over in part with a soft structure, adhering to the side and front, but still leaving open a large space, which proved to be a great annoyance. To obviate this difficulty, he was advised to undergo an operation at the Massachusetts General Hospital, which he accordingly did last fall,—an incision being made on the side and back of the opening, bringing the parts together. Thus, in this condition, they remained until the fifth day, when a small opening, nearly in the centre, made its appearance, large enough to insert the end of the thumb. The edges of this unfortunate rent soon healed, and became quite firm and capable of resisting considerable pressure.

With this brief description the condition of the mouth may, perhaps, be imagined, when we took the first impression, some two or three months after the operation, for a temporary upper jaw and teeth, together with a temporary lower set of teeth, the few remaining teeth and stumps in the lower jaw having been but very recently removed.

The impression cup was made of tin, formed so as to adapt itself as nearly as it was possible to the peculiar shape of the upper part of the mouth; and the material used was wax, thinking plaster might flow into the soft and tender parts and be more difficult to remove. The teeth were retained in position, in part, by strong gold spiral springs attached to the upper and lower plates.

Some idea of the amount of rubber employed in the construction of the upper dentures may be conceived, when we state that from the end of the teeth to the rubber it measured nearly an inch and a half.

We have not time to go minutely into particulars but will remark that the whole arrangement was a success, not only enabling the man to masticate his food, but also to articulate his words quite distinctly; and perhaps more than all this, rendering a face that was almost repulsive to look upon one of manly beauty and symmetry.

Application of Thin Sheet-Lead instead of Lint in Wounds.

Dr. BURGGRÆVE states in the *Comptes Rendus* that lead feels soft and cool to wounded parts; its use entirely supersedes that of lint. The formation of a very thin layer of sulphuret impedes putrefaction and the development of small organisms. When once the wound has been dressed with lead, it may be washed as often as desired with water, without the necessity of removal of the dressing. Lastly, the use of lead renders summary operations frequently unnecessary:

Purification of Dirty Water.

Since, in dry seasons, any water may be of high value, at least for cattle-drinking, a writer advises to place, in a large-sized cask, a false bottom perforated with some holes; and to put on that bottom, first, clean pebbles, next, well washed sand, then a layer of coarsely granulated charcoal, and over all a piece of canvas. The water, even that accidentally standing in shallow ditches after a shower of rain, may be poured into this filter, and thus become available for cattle drinking, though it may not be quite clear.

Reviews and Book Notices.

NOTES ON BOOKS.

In a pamphlet of 32 pages Dr. J. H. THOMPSON, of Washington, D. C., explains his operation for the radical cure of lacerated or ruptured perineum. It is a modification of the method adopted by Baker Brown, of London; the principal difference being that Dr. Thompson never divides the sphincter ani, which act Mr. Brown considers essential to success. The report is illustrated by 27 cases.

We have on several occasions taken the liberty of expressing ourselves candidly against the views put forward by Dr. NATHAN ALLEN, and we observe that that shrewd and unsparing critic, the New York *Nation*, has reached similar conclusions. A late number has the following remarks:

"Dr. Nathan Allen, of Lowell, having got hold of an exceedingly good subject—the physical degeneracy of the native Americans—seems very loth to let it go. But if he will allow us to say so, each time that he brings it up, what he has to say about it seems less satisfactory. We have endeavored in vain to find in his contribution to the October number of the *Journal of Psychological Medicine* a reasonable pretext for publishing it. On the contrary, we have either been wearied with the repetition of general statements unaccompanied by precise statistics, and in fact admitted to be incapable, as yet, of convincing proof; or annoyed by assumptions which a professional man should not have been guilty of."

We add the following announcement:

Gamgee. Fractures of Limbs, their Treatment, etc. Lindsay & Blakiston.

Hamilton (F. H.) Contributions Relating to the Surgery of the War. Vol. II. Hurd & Houghton.

Heath (C.) Practical Anatomy: A manual of Dissection. Illus. H. C. Lea.

Lewis (D.) Talks about People's Stomachs. Fields & Osgood.

Richardson (J. G.) A Hand-Book of Medical Microscopy. Lippincott.

BOOK NOTICES.

A Treatise on Physiology and Hygiene for Educational Institutions and General Readers. Fully illustrated. By Joseph C. Hutchinson, M D., President of the New York Pathological Society, etc. New York: Clark & Maynard. 1870. 1 vol., 8 vo., pp. 270.

We are glad to see medical men, such as Prof. DALTON and Dr. HUTCHINSON, devote a portion of their time to writing works on popular medical education. It requires uncommon tact and literary skill to compose at once an agreeable, a correct and a teachable book of this kind. The attempts have been numerous and the failures nearly as many.

The one before us has some excellent points. It is much more readable than most others. The style is generally simple and pleasing, varied by illustrative anecdotes and familiar examples; the arrangement of the topics is judicious; and the general statements and the rules of hygiene are strictly in accordance with sound scientific medicine.

Nevertheless, there are a number of minor flaws, which, without hypercriticism, we may mention. There is a frequent lack of strict accuracy, especially unfortunate in an elementary work. For instance, such an expression as this (in the introduction): "There is nothing superfluous in our frames," is a popular, not a scientific expression, for nature often delights in superfluities, as when she gives the male a mammary gland. So (p. 17) to define marrow as "an oily material" is a very loose expression; the description of the heart (p. 109) leaves the reader to suppose that its action alone causes the circulation of the blood. The questions at the bottom of the pages are occasionally inaptly put; what, for example, is the use of a question to such an empty rhetorical flourish as this (p. 236): "The will of an infinite Creator is obeyed by atoms as well as by worlds?"

The text is divided into chapters and sections, and type and paper are excellent.

Proceedings of the Second Anniversary of the Nebraska State Medical Society, held in Omaha, Nebraska, June, 1870. Omaha, Nebraska, 1870. 1 vol. small 8vo. paper, pp. 47.

This pamphlet contains the minutes of the meeting, the constitution and by-laws of the Society, and some medical and surgical reports. It indicates that the spirit of organization is well received in our more remote districts, and is a pledge for the future of the profession in Nebraska.

A number of interesting cases were reported to the section on surgery, one or two of which we shall quote elsewhere, as deserving a wider circulation than they will receive in the State report itself.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 29, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE EXACTNESS OF MEDICAL SCIENCE.

A favorite subject for essays and addresses now-a-days is the tendency of modern medicine. Reformers flatter themselves that the exhibition of medicaments *per se*, that is, of drugs, is either about to be put away altogether as among the obsolete furniture of a past age, or else that hereafter they will only be administered in accordance with strictly scientific rules deduced from their physiological action.

We frankly confess to being sceptical about either of these sanguine views. It is our confident belief that to discard drugs, either wholly as the orthopraxists do, or in great measure, retaining only a few anodynes, tonics, and anti-periodics as a great many neopraxists among regular physicians take pride in doing, is deliberately to deprive oneself of a means not second to any at our command to combat disease and postpone death. Most persons who adopt this view have been led to it by a too earnest desire to see in therapeutics an exact science. This it is not and cannot be.

We will explain why:

All exact sciences, except those which are based upon mathematics, are strictly empirical, in the sense that their laws are merely the constant results of repeated experiments. Their *exactness* depends entirely upon the constancy of these results, and this in turn rests upon the number of factors which are embraced in the experiment. Just in proportion as the number of factors increases is the number of influences increased, which may modify the result, and the law derived from it, therefore, is rendered more uncertain, or, at least, more general and vague.

Now, the factors which enter into all therapeutical experiments are in the highest degree complex and numerous. The one is, we will say, the material itself, usually an organic, or, at least, a compound inorganic substance; the other the human system, than which no more complicated factor, none more subject to idiosyncrasies and individual peculiarities can be found. How impossible, therefore, ever to expect certain results?

How can any certain inference be drawn from the body in health to the body in disease? The physiological effects of drugs are extremely deceptive guides to their therapeutic powers. Is it an unfair manner to put the question to say that we might as well assert that because sausage and cheese agree famously with one in health, that, therefore, we should consider them admirable remedies in disease? At any rate the familiar example of food admonishes us that what strengthens in health may poison in disease.

While we would warn against any extravagant hopes of discovering the rationale of medicine, we do it simply to prevent the reaction which takes place when finally such hopes are disappointed, as they must be. Recently in this journal a writer showed how vain have been all attempts to explain the action of mercury. Yet not he nor any sound practitioner has, for that reason, renounced its employment. It is enough, and it is all we can ask, if in many complaints a guarded and extended *experience* shows it is beneficial. So it must be with all medicaments, and any one who asks more than this, so far from meriting any eulogia as more scientific in thought, merely shows that he has not well considered on what basis the inductive sciences depend, and how far it is possible for medicine to be reduced to exactness.

ALLEGED CASE OF MALPRACTICE.

Last week, in the district court of this city, a suit for alleged malpractice was brought against Dr. JOHN J. REESE by a Mr. Haire. Plaintiff stated that in consequence of a fall from a building he suffered severe injuries in the leg and hip. Dr. Reese gave him his attention, and after having removed him to his home attended him several months. On the 24th of February, while Dr. Reese was still in atten-

dance, Dr. AGNEW was called in and he concurred with Dr. Reese in his diagnosis and treatment.

The plaintiff now alleges that because his leg is short and he has not recovered the full use of it, there was mismanagement and want of professional skill. He alleged and produced a physician in support of it, that the thigh bone was fractured, and that Dr. Reese did not treat it as a fracture. For the defense, Drs. Gross, Agnew, Duffee, Packard, and Brinkley testified that the present condition of the limb was no evidence of a fracture, for while a fracture leads to shortening, other causes will produce the same effect, especially a severe concussion. They endorsed Dr. Reese's treatment. Dr. Reese himself was examined as a witness, and testified to the careful manner in treating the case.

Judge Thayer, in the course of his charge, said: "The implied contract of a surgeon or physician is not that he will absolutely effect a cure, but that he possesses and will employ in the treatment of a case such reasonable skill and diligence as are ordinarily exercised in his profession by thoroughly educated surgeons and physicians. In judging of the degree of skill used, regard is to be had to the advanced state of the profession at the time. No physician, by the nature of his employment, contracts to insure recovery. All that a physician agrees to do is, in the first place, that he is competent by education and experience to do what he is called upon to do. He undertakes to employ ordinary skill—not, of course, the highest skill of which the profession has been known to exhibit—but he does undertake to employ ordinary skill. He also undertakes that he will use due diligence and attention in attending upon his patient, and that he will exercise such skill as he possesses to the best of his ability." The jury returned a verdict for defendant.

An examination of the case will convince every one that this is another of those charges of alleged malpractice without any foundation whatever, and which illustrates the ingratitude which is often the reward of the surgeon's most devoted attention.

Notes and Comments.

Philadelphia Items.

Dr. HARRISON ALLEN has been elected as Surgeon to the Philadelphia Hospital, in place of Dr. R. J. LEVIS, resigned. This appointment gives him, in connection with his lectureship on syphilis at the University, the rich venereal wards of this hospital. He has resigned his position as Assistant Surgeon to Will's Opthalmological Hospital, and Dr. H. ERNEST GOODMAN has been elected to the vacancy thus occasioned.

Dr. WM. GOODELL has been appointed as Clinical Lecturer upon Diseases of Women and Children, at the University of Pennsylvania, vice Dr. E. A. SPOONER, resigned. Dr. W. F. JENKS is appointed as his assistant.

Difference in the Milk of the Two Breasts.

M. SOURDAT has found that, while the quantity of sugar and salts contained in the milk of the two breasts of the same women does not perceptibly vary, the author has found that the milk of the right breast contains more butter and caseine than that of the left breast, the difference being as much as in the ratio of 9 to 1.

The Vis Vitalis.

The doctrine of a vital force above, and distinct from the physico-chemical forces, seems to be held in greater favor than heretofore. In the *Revue des Cours Scientifique, Juin*, Dr. POELMAN states, that in addition to being subjected to the ordinary chemico-physical and mechanical forces, the living body of a man is subject to a force which cannot be properly defined, but which supersedes the others, and may be called *intelligence fonctionnelle*.

How to Water the Streets.

In a recent number of a French chemical journal a writer, M. CH. MÈNE states that, of the two deliquescent salts which have been applied for this purpose—viz., the chlorides of magnesium and calcium—the last named suits best, the quantity being adjusted at 250 grms. per square metre. It appears from this paper that, in 1860 and 1863, the Place Bellacour, at Lyons, was (experimentally, and during great heat,) watered with a mixture of chloride of calcium and commercial hydrochloric acid, properly diluted in water, the effect being highly appreciated by the inhabitants, also on account of the perceptible purification of the air.

Alleged Criminal Abortion.

Dr. O. W. REID, of this city, was charged last week with performing a criminal operation on a young girl residing with the family of Dr. CHARLES STOKES. The result was detailed by Dr. Stokes, who attended upon the complainant in her sickness. Reid was held to bail in $3,000 for his appearance at court. Reid is already in prison to answer a charge of a similar nature in which death resulted.

Poisonous Colors

The result of some recent experiments by Mr. GUYOT, upon the poisonous qualities of certain products of the phenyl group, are summed up in a late communication as follows: That azuline is or is not poisonous, according to its method of prepara-

tion; when it contains an excess of aniline it is poisonous; and when prepared with poisonous coraline it may contain phenol, and in consequence act upon the epidermis. Prepared with rosalic acid, even itself poisonous, azuline may be harmless when it is properly washed. Lydine purified, or free from prussiates and from aniline, does not act upon the skin. This purification of lydine is best accomplished by means of a succession of solutions in alcohol, and a partial precipitation by the aid of soda. Azuline and lydine may be employed in dyeing and the printing of cloths.

Correspondence.

DOMESTIC.

Synchronous Double Amputation.

EDS. MED. AND SURG. REPORTER:

R. G., æt. about 23 years; Welsh; married; carpenter by trade; on November 22d, 1869, 11 A. M., in attempting to get on a loaded coal car while the train was in motion, slipped, and falling with his lower extremities across the rail, the car wheel passed over the left foot at the ankle, and over the right leg above the ankle. I was immediately summoned by his friends to attend to the case. I saw him within half an hour after the accident had occurred. I made an examination of the parts, and found that the arteries and nerves were lacerated, making a compound (complicated) case. I found but very little bleeding going on, the arteries being cut through, which facilitated the vital power of the vessels to contract. I soon gave my opinion to his friends that both limbs would have to be amputated, and expressed a wish to the sufferer that I should have the opinion of another medical gentleman, to which he agreed. I sent for Dr. GEORGE B. H. SWAYZE, who very kindly came. After Dr. Swayze had made his examination we determined to go on with the operation as soon as possible. The patient was not very much exhausted when I first saw him; he felt rather cold; looked pale; pulse weak. Reaction very soon came on; the pulse became fuller; felt warmer; looked more comfortable.

We put him under the influence of chloroform et ether. The left foot was amputated at the ankle joint after the method of Syme. The right leg was amputated about eight inches below the knee by anterior and posterior flap method. Both limbs were dressed with strips of adhesive plaster, also a bandage carefully applied to assist to adjust the parts. We left him comparatively comfortable. I again saw him about 9 P. M. the same day, at which time his pulse was ninety; skin warm; felt comfortable, and had taken a little food. At 12 P. M., the same evening, I was again called to see him; found him very restless, and he complained of great pain in both legs. I damped the dressings with cold water, and prescribed him a grain of opium every two or three hours. He was greatly relieved soon after the first dose. I left him at 3 A. M., dosing.

I found him next morning as well as could be expected. I prescribed for him one drachm of compound tincture cinchonæ three times a day, with anodyne at night. I did not remove the first dressing for five days, as there was no sign of suppuration. Dr. Swayze met me for the last time at the first dressing. The right leg healed by first-intention. There was considerable sloughing on the left leg, but soon healthy granulations made their appearance. I first dressed it with ung. resinæ, and afterwards with ung. cetacei. I did not use carbolic acid at all. All the parts were quite healed in six weeks, and now I am happy to state that he has for some time been able to walk about on artificial legs.

Dr. IDRIS DAVIES.

Oct. 6, 1870. Mahanoy City, Pa.

Strychnia in Tetanus and Hydrophobia.

EDS. MED. AND SURG. REPORTER:

In your valuable and useful REPORTER of the 1st Oct. inst., a case of tetanus, reported by H. L. W. BURRITT, M. D., of Bridgeport, Conn., fairly represents the inefficiency of the anodyne, anti-spasmodic, stimulant and counter-irritation treatment, as does the case of young Fox, which I reported in No. 688, May 7th, of the same journal, which preceded my experience with strychnia, presented in the same article. I would not have noticed this case for comment, had not the heroic treatment of the first named medicants, so signally failing, been followed by the remark, that "early in the stiffness of the neck one-eighth of a grain of strychnia was given, but the difficulty was so evidently and immediately aggravated, that its *repetition* was not *dared*," and that "it did not *diffuse*, as *claimed*, but concentrated the spasm more in the throat." In justice to the strychnia treatment, published for the benefit of those suffering from tetanus, a just, well authenticated, and evidenced claim should not be ignored and set aside. About the time the larger number of these cases were published in the *N. Y. Journal of Medicine*, a coroner's inquest was held in this city on a woman, who died from the effects of one-eighth of a grain dose of strychnia. Just the dose which Doctor B. did not dare to repeat, and "which failed to diffuse the spasm as claimed."

In nearly all of these cases, the twentieth of a grain was commenced with, and gradually increased to one-twelfth of a grain, which invariably proved successful. In this way, the abnormal condition of the nervous system came gradually and regularly

under its salutary influence, thus controling the whole muscular system, and restoring the patient. A very serious mistake occurred in the printing of my manuscript (making the doses one-sixth to one-half grain, instead of one-sixteenth to one-twelfth of a grain—though corrected in No. 691, of the 28th May), which might have led to the use of this large dose, thus terrifying the doctor, and ending his experiment. The same article corrected was republished in the last July *Half-yearly Compendium* correctly, except a mistake of one-sixth for one-sixteenth of a grain, in the case noticed of hydrophobia, which was seemingly so much benefited by its use. Respectfully yours,

EDW. VANDERPOEL, M. D.

No. 133 *Madougal St., New York, Oct.* 18.

Mothers' Marks.

EDS. MED. & SURG. REPORTER

Ridicule may, in many instances, prove a good weapon to dispel superstitious fancies and absurd ideas of cause and effect; but when a writer (vol. XXIII, No. 15) chooses to render ridiculous the belief that the child in utero may be affected by mental impressions of the mother, he selects the poorest controversial weapon, and arrays himself against some of our ablest psychologists who, as yet, are not prepared to deny the relation.

May not the mind of pregnant women at certain times be in such a state that it is peculiarily impressed by certain objects presented to the sight, of sounds to the ear, etc., that the motion produced may so effect the development of the fœtus as to make it the analogue of the external object? For want of a better term, I will denominate such a state of mind as *the peculiar condition.* This view is supported by many recorded cases which I shall, however, not cite, but will add a case of my own, which, to my mind, is quite conclusive.

October 2d, 1870.—I was called to conduct the labor of Mrs. K., æt. 24. It was her third child; the labor was normal in all respects, and I therefore need not state the progress of it. The new-born child was perfect in all parts, except that all the fingers of the left hand were missing—the amputation being at the metacarpo-phalangeal articulations. On a subsequent visit she told me it was owing to a fright she received, by a lady calling her attention to a young girl having by accident lost the fingers of her left hand. To satisfy myself, I took occasion to visit the child (who lived hard by) with a view to compare her deformed hand with that of the babe. *In shape they were exactly alike.* In the young girl's case, there was at the third articulation what may be called a rudimentary finger, owing to a superabundance of flap when amputated. The same feature was present in the hand of the babe, as well as all the cicatrices. In this case the mind received and transmitted the exact image, but it is doubtful whether the memory of the mother retained so faithful an impression. This coincidence is truly "as astounding as the doctrine itself," and will be found hard to explain away, other than by the assumption of the doctrine.

H. A. NEWPHER, M. D.

Reading, Pa., Oct. 12, 1870.

Coffee in Hernia.

EDITORS MEDICAL AND SURGICAL REPORTER:

A few weeks ago I was called in consultation to see a case of strangulated hernia. Upon examination, I found a tumor about the size of a large hen egg, situated in the right groin above Poupart's ligament.

The patient had noticed a small tumor, gradually increasing in size for the last six weeks, but it had given him no trouble until that morning, when it became much larger, very tense and very painful. Several efforts to reduce it had already been made without success. As an examination of the lungs disclosed evidences of tuberculosis, rendering it imprudent to administer chloroform, unless necessitated by an operation, I suggested the administration of strong coffee, which I had seen so highly extolled. He was placed in a hip bath, and cupful after cupful of very strong coffee given him, until the prespiration stood upon the surface in great drops, and his system was completely relaxed. He was then placed in bed—the foot of it being elevated two or three feet—and another effort made to reduce the hernia by taxis, before deciding to operate. Tracing the tumor with the right hand, I drew it downward, so as to stretch the neck of the sac, and then firmly compressed it between the fingers. At the end of a few minutes I was gratified to hear a gurgling noise, soon followed by the intestines slipping back. The next day, wearing a comfortably fitting truss, he was enabled to attend to his business, as usual.

I noticed that, in addition to the complete relaxation caused by the coffee, there was also a certain degree of insensibility to pain, for, during the reduction, the patient endured without flinching, an amount of manipulation of the tumor which before was unbearable.

The hernia was indirect, the strangulation being at the external ring.

F. C. WILSON, M. D.

Louisville, Ky., Oct. 11th, 1870.

Tænia Treated with Pumpkin Seed.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have a case of tænia successfully treated in a lady twenty-two years of age by pumpkin seed.

She had been troubled and expelled portions from time to time for the last twelve years, and had of course been treated with all the remedies appropriate to such cases.

She consulted me about one week ago, and had just passed through a course of pumpkin seed tea, administered her by her attendant physician. Thinking the case a difficult one to cure, I sent to to Galveston, for Dundas, Dick & Co.'s capsules of oil, male fern and karnala, but in the meantime, advising another course of pumpkin seed. About one double handful, freed of their hulls, and beaten in a mortar to a paste and mixed with honey, were given while fasting during the day, and a dose of castor oil and turpentine at bed time. The next morning twelve feet of the worm, head and all, was expelled. T. C. THOMPSON, M. D.,

Columbus, Texas.

NEWS AND MISCELLANY.

Pharmaceutical Association in Vermont.

The druggists of Vermont met at Rutland a few days to form a State Pharmaceutical Associations Dr. C. L. Case, of Brandon, was chosen Chairman. A. W. Higgins, Sect. A Committee was appointed to draft a constitution and by-laws, to be presented at a subsequent meeting, to be held in Montpelier on the second Wednesday in November.

——It is the design to establish, in connection with the Louisville Medical College, a complete analytical laboratory, to be kept open nine months in the year, where students can pursue practically a complete course in qualitative and quantitative analysis and pharmacy.

OBITUARY.

ABRAHAM B. HUTTON, ESQ.

The object of this notice, although not a medical man, was so associated with medical matters in his capacity of Principal of the Pennsylvania Institution for the Instruction of the Deaf and Dumb, that a short notice of him is considered proper in a medical journal.

Mr. A. B. Hutton was born in Albany, New York, September 10, 1798, and received his literary instruction at Union College, where he graduated in 1817. Subsequently he entered as a student in the Theological Seminary at Princeton, New Jersey, in 1819. Owing to an affection of his throat he was obliged to relinquish the study of divinity. In March, 1822, he entered the Pennsylvania Institution for the Deaf and Dumb as an assistant teacher. In this capacity he gave such entire satisfaction that when Mr. Lewis Weld, the principal, was called to take charge of the American Asylum for the Deaf and Dumb at Hartford, Mr. Hutton was appointed, on the 4th of September, 1830, as his successor.

Mr. Hutton possessed all the requisites for his new position, having a cultivated mind and refined taste, with gentleness and firmness combined, also great aptness in teaching. His attainments in natural philosophy, mechanics and chemistry, were very considerable, and he took great pleasure in lecturing on these subjects both to the advantage of the pupils and the entertainment and instruction of the numerous visitors at their weekly exhibitions. But every thing was subservient to the great object of his life—the successful instruction of the deaf mute. To this subject he devoted all his energies, and was alive to every improvement. The success with which his labors were crowned, and the thorough appreciation of his efforts by the managers of the institution, his friends and the community at large, are the best evidences of his ability and fidelity.

For several years he suffered from an affection of his kidneys, and yet he was always at his post. In the spring of 1869 the disease increased, and yet he did not leave the city until July, 1870, when he made a visit to his sister, and soon after died on the spot where he always wished to die, ministered to by the affectionate hands of those he loved. L. T.

MARRIED.

ARD—MARTIN. At Spruce Hill, Pa., Sept. 22d, by Rev. J. C. Kelly, Dr. Wm. D. Ard, of New Bloomfield, Pa., and Miss Mira C. Martin, of Spruce Hill.

BOWERS—WALKER. In Crawfordsville, Ind., August 20th, at the residence of the bride's father, by Rev. R. F. Caldwell, Dr. Homer Bowers, of Valley City, Ind., and Miss Emma C. Walker, of Crawfordsville, Ind.

DALLAM—FIELD. At the residence of the bride's parents, on the 20th inst., by Rev. A. V. C. Schenck, Dr. John M. Dallam and Miss Hannah B. Field, all of Philadelphia.

FORWOOD—OSBORNE. At the residence of the bride's parents, Rose Valley, Pa., Sept. 28th, by Rev. Jas. Cunningham, LL. D., Wm. H. Forwood, Surgeon U. S. A., and Mary A. Y., youngest daughter of Antrim Osborne, Esq.

GRIFFIN—HOLLISTER. In New York city, Oct. 18th, at the residence of the bride's parents, by Rev. O. B. Frothingham, Bradney Griffin, M. D., and Linna, daughter of D. M. Hollister, Esq., all of that city.

ISHAM—KEYT. At the residence of the bride's parents, Walnut Hills, near Cincinnati, Ohio, Oct. 10th, by Rev. Geo. H. Fullerton, Dr. A. B. Isham and Miss Mary H. Keyt, daughter of Dr. A. T. Keyt.

KELLOGG—HESS. At Osceola, Iowa, on the 4th inst., by Rev. J. Osmond, Dr. H. D. Kellogg, of Kansas, and Miss Sallie E. Hess.

HARRISON—HESS. At the same time and place, by the same, Mr. J. C. Harrison and Maggie E. Hess.

MITCHELL—SPEARS. At the residence of the bride's mother, Mrs. A. Spears, Danville, Ky., Oct. 13th, by Rev. W. F. Junkin, Dr. W. G. Mitchell, of Kansas, and Miss Maggie Spears, of Danville.

MITCHELL—WIRT. In the Presbyterian church of West Union, Sept. 6th, by Rev. R. B. Farrar, Dr. S. Mitchell, of Buffalo Village, Pa., and Miss Annie Wirt, of Dallas, W Va.

DIED.

BROWN—At Bloomingdale, New York city, Oct 17th James Philips, eldest son of Cornelia W. and Dr. J Tilden Brown, aged 19 years.

COBURN—In Calcutta, Ohio, suddenly of apoplexy, Sept. 19th, Dr. John Coburn, in the 49th year of h age.

MAUCK—At his residence, in Laurel, Del., on th 17th inst., of consumption, Aaron Mauck, M. D., in th 56th year of his age.

PRINGLE—Sept. 19th, Mrs. Margaret E., wife of Dr. G. W. Pringle, of New Concord, Ohio.

TUCKER—Oct. 10th, Dr. Laban Tucker, of Hartford, Vt., aged 67 years.

VAN BIBBER—In Cincinnati, O., Oct. 10th, Dr. James Van Bibber, aged 69 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 714.] PHILADELPHIA, NOVEMBER 5, 1870. [Vol. XXIII.—No 19.

Original Department.

Communications.

OBSTETRICAL STATISTICS.

By N. H. Chesebrough, M. D.,

of Hoboken, N. J.

The following embraces a *statistical* report of my experience as an obstetrician, during a period of twenty-five years, terminating in the Spring of 1869, a large majority of the cases having been attended in New York city, and its immediate vicinity.

The entire number of cases recorded is 2,740, —but excluding fifty-two, in which the reports are meager and insufficient, there remain 2,688, including (twins, thirty-one cases,) 2,719 births—these as to sex resulting as follows: Males, 1,411; females, 1,308—total, 2,719. Of this number, 157 were still births: males, 83; females, 74—total, 157. Of these latter, 61 were the product of abortion: males, 33; females, 28—total, 61; including five cases twins.

There were 50 cases of premature labor, where the births resulted: males, 22; females, 30—total, 52 (including two cases twins); of which number, males, 9; females, 14 were still-born. In the 21 twin cases the births were of males, 28; females, 34—total, 62. Four of these cases were abortions—ten premature labors.

All the children were born alive, with the exception of the products of ten of the abortions; in the other ten cases, the fœtuses were alive at birth, and survived for several hours afterward.

The presentations were as follows: Of the head (vertex), 2,596; of the breech, 71; of the inferior extremities, 30; of the superior extremities, 15; of the face extremities, 7; total, 2,719.

In the twin cases (31) the presentations resulted, of the head, 34; of the breech, 16; of the feet, 8; of the arm, 4—total, 62.

There were five cases of placenta prævia births: males, 2; females, 3—total 5. Children all still born. The presentations were, of the head, 2; of the feet, 2; of the breech, 1—total, 5. One mother deceased on the fourth day.

There were were 139 cases where the forceps were employed. Children born, 141 (including 2 cases twins), births: males, 83; females, 58—total, 141. Of this number there were still-born: males, 11; females, 3—total, 14. Included in the above 139 cases were 10 of convulsions, in which the births were: males, 5; female, 6—total, 11. But 2 (females) still-born. Mothers lost, 4: 1 first day; 2 third day; 1 seventh day.

Prolapse of the facies was a complication which occurred in 9 cases. Births: males, 8; females, 1—total, 9, all still-born, except 1 (female). One case was a miscarriage at the fifth month. In another expulsion was aided by the forceps. The presentations were, of the head, 8; arm, 1—total, 9. There were, of puerperal convulsions, 25 cases, births: males, 15; females, 10—total, 25. Children born dead: males, 6; females, 4—total, 10. Two cases were miscarriages. Three mothers were lost, 1 first day; 2 third day. Delivered by the forceps, 11. Births: males, 5; females, 6—total, 11, of which number two (females) were born dead. Delivered by version, 1—child still born (male). The above cases transpired in, 1st confinements, 16; 2d, 3; 3d, 1; 4th, 2; 5th, 1; 9th, 1; unknown, but multiform, 1. Version was resorted to in 4 cases, craniotomy in 4. Inversio uteri occured twice.

There were retained placenta in 26 cases, in 8 of which the placenta were more or less adherent, requiring manual interference for

their removal. In no case did unfavorable results follow from this cause, though in some instances there was copious and exhausting hemorrhage.

In 2,638 cases there occurred as 1st confinements, 729; 2d, 530; 3d, 425; 4th, 322; 5th, 220; 6th, 140; 7th, 106; 8th, 73; 9th, 35; 10th, 27; 11th, 14; 12th, 10; 13th, 3; 14th, 2; 15th, 1; 16th, 1.

Fourteen mothers in all were lost (1 to 192 cases) from the following causes: puerperal fever in its different varieties, 8; convulsions, 3; ruptured uterus, 1; nervous shock and exhaustion, 2—total, 14.

Quite a number of congenital novelties and malformations are recorded. Among them may be found one case each of hypospadias, umb. hernia, spina bifida, *club-hand*, hydrocephalus. The following are my notes of an interesting case of extrophy of the bladder.

"The child was the subject of a peculiar and strange malformation; extending from the umbilicus to the root of the penis was a nearly spherical tumor, of the color of a ripe tomato. It had no cuticular covering, and exuding from the surface was a continual watery secretion, slightly tinged with blood. On pressing it, I found that its contents could be returned within the abdomen, when the surface of the tumor presented a rugous appearance. Prof. GILMAN was called in consultation, who confirmed the extreme rarity of this kind of malformation, and pronounced it to be connected with the anterior coating of the bladder. He advised that the tumor be covered with oil-silk, and over this a piece of sheet-lead, to be kept in place by a roller—the parts to be carefully washed and cleansed three times a day."

The subject of this most distressing and incurable affliction still lives in New York—a lad in his fifteenth year—to whom, doubtless, life must be cheerless and burdensome.

Believers in *nævi materni* may have their faith strengthened by a perusal of the following: "Child born with a small pendulous tumor hanging by a slender pedicle from the little finger; tied it off by a silk ligature, close to the finger, and removed the tumor. Mother attributed the occurrence to her having frequently played with a pendant of similar size attached to a waist buckle."

A lady, in 1857, in her third confinement, gave birth to a child, female, presenting some novel deformities: "The fingers on each hand, and the four smaller toes on each foot, were completely united together, as though in a common envelope of cuticle. The integuments of the external ear, on either side, were closely attached to the adjacent portions of the scalp. The right eye was wanting, the orbit presenting a sunken, shriveled appearance; the eyelids completely closed. The appearance of the genitals suggested, at first sight, the idea of a hermaphrodite; at the upper part of the vulva was a prolongation resembling, somewhat, the penis of the male, but was probably nothing more than an enlarged clitoris. The child made no effort to respire; the heart could be felt freely acting."

In the museum of the New York Pathological Society is an interesting and rare specimen of the vesicular mole, or uterine hydatids, which was presented by me several years since, and reported at the time by the Secretary, W. C. Roberts, M. D., as follows: "Dr. Chesebrough exhibited a mass of uterine hydatids, having the shape of the cavity, enclosed by the remains of the chorion, and reflexa. They were as large mostly as walnuts, and very beautiful. To the upper part of the mass a membranous cyst was attached by a pedicle. The case was attended with the usual symptoms."

The woman was presumed to be pregnant—had reached, as was supposed, the 6th or 7th month; profuse floodings then came on, followed by the ordinary course of a miscarriage.

COMPOUND FRACTURE OF LOWER EXTREMITY—AMPUTATION OF THIGH AT UPPER THIRD.

By F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

I was called, Thursday, August 11th, 1870, two and a half miles from the city, to see a boy whose leg was reported badly fractured. Arrived almost simultaneously with Dr. O. F. Hill at the scene of the accident, when we found the sufferer, a colored boy, aged twelve years, lying upon a pile of straw near a threshing machine, at which he had been employed as a driver. While stepping over the joint of the "tumbling shaft," his pants had caught upon a projecting bolt, and, although the horse stopped immediately upon the poor fellow's first outcry, his left foot and leg were wound around the revolving shaft so as to crush and tear off the limb just above the ankle. Such was the force applied

to the limb, that the integuments were stripped from the tibia nearly to the knee. The next point of lesion was about the middle of the thigh upon the outside, which consisted of an abrasion of the skin, and probable fracture of the femur. The machine seemed to have stopped just in time to prevent a twist upon the limb, which caused a terrible laceration at mid-thigh.

The shock was so great as to nearly suspend arterial pulsation at the wrist, and in fact he was almost dead. It was 10½ A. M. when the accident occurred, and about 11 when we arrived, and a boiling heat from the sun pouring into his face. A couple of ounces of whisky, which was all that could be obtained at first, were given clear, as fast as he could swallow. So intense was the pain in the limb that the least motion seemed impracticable, and, shielded by an umbrella held over his face, he was kept upon his pallet for more than an hour.

As soon as it could be obtained, more whisky was given, and about noon it was thought best to remove him to a more shaded place, under an open shed.

We carefully watched him to prevent fatal sinking, and administered whisky punch at short intervals until 3 o'clock, when reaction began to come up. We then considered it safe to leave, and went to town.

At 5, accompanied by Dr. ALEXANDER, we returned, prepared to amputate should the case warrant such a course. The pulse, in the meantime, had become still stronger. Under the influence of a full dose of opium, given about 2 o'clock, he had slept a short time.

Amputation being determined upon, it was decided that I should operate, and Dr. Hill at once placed our patient under the influence of chloroform.

On close examination of the limb, it was found that practically there was also a compound fracture a little above the middle of the thigh, although the bones had not protruded entirely. I passed a tourniquet high up on the limb, and made an anterior flap very quickly. Upon attempting to pass the knife beneath the femur, the point encountered the fragments of bone which had caused an obtuse angle among the muscles in the posterior part of the thigh.

Having after some difficulty made the posterior flap, the limb, of course, dropped away. The fracture was very oblique, and it was necessary to remove an inch or more of the angular fragment in order to leave the end presenting its entire diameter. On examination of the muscular tissues, it was found that the sharp extremities of the fractured femur had well nigh pierced through to the external surface.

The flesh was an ecchymosed mass, and to accomplish at once what nature must do, I removed more than a handful of lacerated muscular tissues. Having *trimmed* to my satisfaction, Dr. Alexander proceeded to tie the arteries, when it was found that but one muscular branch upon the inside of the thigh could be induced to bleed. That being secured, the femoral was sought for. It was some minutes before its mouth could be found, and when the artery was discovered, it was only by reason of its lying near the nerve. After entirely loosening the tourniquet, a small jet only of blood rendered its locality certain. Before it was tied the effect of the chloroform had passed away, and full consciousness returned.

The circulation was so feeble that it was deemed useful to repeat the anæsthetic, and the edges of the flaps were drawn together and the sutures made.

The pain caused by the needles aroused the circulation, and by the time the adhesive straps were all applied, the pulse had become quite full.

There were no bandages applied to the stump, and, having adjusted the tourniquet, with instructions as to its objects, we left, after removing him to a small unoccupied room, with good ventilation. Next morning, in company with Dr. Hill, returned, found the brave boy very comfortable. He had slept some, and the pulse, although beating 140 in a minute, was sufficiently strong.

As a dressing, we merely wrapped the stump loosely in cloths, wet with a mixture of carbolic acid, ʒj. in a pint of fresh spring water.

Instructions were given to make no other application. He was visited daily, and there was no discharge to any amount, and not the least disagreeable smell, although the mercury every day was in the nineties.

The pulse continued very frequent, and the tongue became very white.

On the sixth day I removed the dressings for the first time, but found but little secretion

of pus. The commissures of the flaps had commenced healing by the first intention. The dressings were changed subsequently every other day, and about ten days after the operation, a sloughing piece of muscle, which had escaped the "trimming," was found to protrude from the centre of the stump, and from this proceeded the only disagreeable smell during the process of healing, which to-day (Oct. 6th,) and eight weeks from the date of the accident, is nearly complete. He walked one-fourth of a mile on crutches, without much inconvenience, climbing fences on his route. The ligature upon the femoral did not come away till about the fortieth day.

I have been particular in giving details in the above case, because the boy was so nearly killed that death for a time seemed inevitable. The operation was commenced in seven hours after the accident, and in less than three after the pulse began to show any signs of returning vigor. After the first twenty-four hours there was no suspension of appetite or sleep. He complained of but little pain and soreness, and always met us on each recurring visit with a smile characteristic of the race.

One Seidlitz powder constituted the only internal medication, and not a fly ventured near the bed. The smell of carbolic acid pervaded the room constantly, and without the least doubt is entitled to the credit of so happy a result in the healing process. I am not disposed to allow the determination of any medicinal agent "to the brain," but must insist upon the great value of that lately discovered remedy as an antiseptic.

Before leaving this subject, I desire to venture a suggestion as to the necessity of applying roller bandages to a stump. My own limited observations have proved that after the adhesive straps have been applied so as to secure the flap, that a light covering is sufficient. To prevent undue action of the muscles at first, and later, the burrowing of pus among them, I apply a strip of adhesive completely around the limb at a proper distance.

Owing to the conical shape of a stump, roller dressings must inevitably slip off, and besides, they constantly become soiled by the discharges, and cannot be replaced by other than professional hands. Modern surgery has discarded the flannel cap of olden times, for the reason that it is cumbersome and heating, and to a certain extent the same objection may be urged against the use of any appliances except the simplest and most easily applied.

The carbolic dressing obviates the necessity of rollers for a covering to keep off flies, as well as to keep the parts from the atmospheric air.

In this case not a drop of water was used in way of washing the stump while dressing it. The pus was merely wiped off, and in fact it was secreted in such a small quantity that it caused no trouble.

HOSPITAL GLEANINGS.

By J. B. Burnet, M. D.,

Of Newark, N. J.

(continued from page 278.)

Cases of Poisoning by Aconite.

Case 1. Agnes Corbitt, æt. 20, a patient in Bellevue Hospital, took by mistake a quantity of a mixture of equal portions of tr. aconite and chloroform, on a Wednesday evening, Jan. 17th, at about 7:15 P. M. The house physician was called to see her about half an hour afterward, not knowing what she had taken. Found her in bed in a partially insensible condition, yet easily roused, and giving rational answers to all questions asked. She was restless, and complained much of a prickling sensation all over the body. Her respiration and pulse were not yet much disturbed; pupils very largely dilated, and almost insensible to light, and there was almost entire want of sensation. An emetic of twenty grains of sulphate of zinc was given, followed by as much warm water as she could be made to drink. In about half an hour this produced free vomiting, previous to which, however, the pulse had become very nearly imperceptible, during which time stimulants were administered. At this point the vial out of which the mixture was swallowed was discovered, and the nature of the poison ascertained. After the vomiting the pulse again sank, and brandy, as before, with the addition of carbonate of ammonia was administered with the same result, namely, immediately to raise it. The skin, except on the face and arms, felt of about the natural temperature, yet she complained much of being cold. Hot bricks were applied to the feet, sinapisms to the stomach, spine, and inside of the thigh, injections of

brandy, carbonate of ammonia and sulphuric ether were given frequently, and also the hot-air bath administered. She remained much in the following condition from this time until 12:30 P. M. There were frequent convulsions, previous to the coming on of which she would suddenly exclaim, "it is growing dark;" "I can't see," and then with a wild stare, the teeth firmly set and the pulse imperceptible, the convulsion would begin.

When the pulse was absent at the wrist it could usually be felt in the bronchial arteries, although very small and irregular in its action. Active flaggellation on her face and arms seemed to be the best means of rousing her sufficiently to take more of the stimulants, which almost immediately would rouse the pulse and bring her to consciousness. At first carbonate of ammonia was given by the mouth with the brandy, but was almost immediately rejected by vomiting, and was discontinued. After a time it was again resumed without so quickly producing the same unpleasant effects. Between the period at which she was first seen and half-past twelve o'clock, she took by the mouth and injection, ʒij. of carbonate of ammonia, and about Oij. ss. of brandy. Although she frequently vomited in small quantities, yet she must have retained on the stomach about Oj. ss. of brandy. The injections were not retained long, and caused free evacuation of the bowels. During the last hour previous to half-past twelve o'clock she showed some symptoms of intoxication. During the whole time, except when convulsed, she seemed to be sensible, and knew what was passing. After half-past twelve o'clock the pulse did not again become imperceptible, although for about an hour it became feeble and irregular at intervals of 15 to 20 minutes, lasting, however, but a very short time. Stimulants were then discontinued. By three o'clock she had so far recovered that it was thought safe to leave her. The pupils had become contracted to their natural size, respiration easy, and the sensation of prickling gradually passed off. Next morning she was as well as usual, except that she had some difficulty and pain in swallowing and a little diarrhœa. The latter abated during the day, and the former in three or four days. Her memory of the circumstances as they occurred is quite distinct, and her own account of her feelings is as follows: She says that she took about a tablespoonful of the mixture, which, however, had previously been more or less diluted with water. She and another patient had at some time previous been breathing it for the chloroform it contained. They spilt some and poured in water to avoid detection. She did not know what it contained besides chloroform. For about half an hour after taking it she was about the room with no other unpleasant sensations than a slight burning in the œsophagus and stomach, and a little dizziness. She then felt sleepy and went to bed. Immediately after this a slight prickling sensation began in her tongue (which also seemed to be much swollen), cheeks, and feet, which gradually extended over her whole body. She had "tinnitus aurium," and also a great disposition to sleep. These sensations were neither pleasant nor painful. She remembers when the doctor first went into the ward, all he said to her, and the answers she gave (at first she denied having taken anything, but on pressing the question she told all she knew about it). At times the room seemed to her to grow dark, and she had very unpleasant sensations, which she can only explain by saying that she thought she was dying. It was at these times that the convulsions occurred. While in this state she remembers nothing that took place, except that they were continually slapping her on the face and arms. She remembers also being compelled to drink brandy against her will, feeling and saying that she was intoxicated. During the last hour or two her memory of these circumstances is less distinct. After 3 o'clock in the morning she became and remained entirely conscious, and since that time remembers all that took place.

Case II. Catharine B., a strong, healthy girl; 17 years of age; took, through a mistake, of Fleming's tinct. of aconite and of tinct. capsicum, of each two drachms. The result was almost instant prostration. Five minutes after the accident she was seen by the house physician, when she complained of an intense burning pain in the mouth, throat, and stomach, with nausea; had vomited but little. A peculiar numb, tingling sensation was felt in the extremities and over different parts of the body, but more particularly about the face, throat and fauces. Says she feels faint, and is constantly sighing; breathing quick and sighing; pulse small, intermitting and slow; skin moist; extremities cold; pupils considerably dilated. She was at once freely vomited with sulphate of zinc, large draughts of warm water being

given between each emetic. This seemed to relieve her somewhat, but not entirely. A strong infusion of tea was now given, but with little satisfaction. The pulse grew weaker and slower; skin was moist; extremities cold; pupils dilated; breathing quick, and constantly sighing. The tingling is still felt, and there is some spasm of the lower jaw and fauces; with restlessness, faintness, and a constant tossing. At 6:30 o'clock she had a severe convulsion which lasted but for a moment; all her symptoms were now becoming worse; carbonate of ammonia and brandy were now very freely given, and warm fomentations were applied to her extremities and over the stomach. This treatment was continued for about three hours very energetically, when she began to rally, but did not fully recover until 10 o'clock in the evening. The next day she seemed quite well, and at no time since, now fifteen days, has she complained of anything that might be attributed to her taking the aconite.

TREATMENT OF PROLAPSUS UTERI.

By C. A. Spencer, M. D.,

Of Dallas, Pa.

Among the many wonderful adaptations of means to an important end, with which the study of anatomy makes us acquainted, not the least remarkable is the contrivance by which the uterus is suspended in the pelvic cavity, so moveable as to escape any rude scratch from without or any inconvenience from the varying conditions of the surrounding viscera, and yet so tethered to its place as to insure its enlargement going on, if pregnancy occurs, in such a direction as shall avoid needless discomfort to the person, or pressure upon and disorder of the functions of other organs. But the very mobility, without which pregnacy would be a season of uninterrupted suffering, and even sexual intercourse almost impossible, exposes the womb to the risk of changes in its position, such as may themselves become the source of inconvenience, and call more frequently than almost any other uterine ailments for medical interference. It is obvious enough that an organ suspended within a spacious cavity by means of supports which are themselves yielding, must be very likely to be displaced by comdaratively slight causes. In the case of the uterus, too, the risk of its displacement is further increased by the circumstance, that its weight and size are subject to variations, and that the very causes which tend to render it heavier and larger than natural, have often the further effect of diminishing the power of the supports by which it is retained in its natural positions. The tendency to misplacement is further encouraged by the pressure from above of the superincumbent viscera, and by all these muscular exertions a person cannot avoid making in walking, in lifting weights, or even in efforts of defecation.

These causes tend to produce displacements upon its own axis, which are the common and frequent result of the accompanying constipations; and are the most frequent causes of displacement symptoms. These patients usually complain of pain in the back, of a beating or throbbing character, headache, sharp pains through the chest, pain in the left iliac region, with a dragging or pulling sensation, feeling of fulness in perineum, frequent but false desire to evacuate the bowels. Irregularity of the menstrual functions, leucorrhœa, irritable bladder, constipation and diarrhœa. On making a vaginal examination, the wound is found lower down than natural, or the cervix pressing against the rectum. The os and cervix are usually enlarged. The os has a velvety feeling with more or less tenderness.

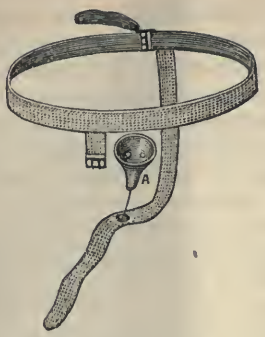
Treatment.—The treatment in all cases must be governed by the condition of the patient. If the case is of long standing, and the system much debilitated and great relaxation of the muscles, I have found the following prescription to afford marked relief:

℞.	Fld. ext. nux vomic.,	f.℥i.
	Fld. ext. bluebahosh,	f.℥ss.
	Fld. ext. ergot.,	f.℥iij.
	Comp. ticture cinchona,	f.℥j.
	Simple syrup,	f.℥iij. M.

Dose.—One teaspoonful four times per day.

But in all cases where there is prolapsus or other displacement of the uterus, it should be returned to its natural position, and some form of an instrument introduced to retain it there, and the instrument that I prefer is the Stauffer's Gutta Percha Silver Stem Pessary, advertised in this journal.

I have used them in a number of cases, and in every one they have acted admirably, relieving all of those distressing pains, commonly termed bearing down; and most of the other symptoms, under proper treatment, soon



disappear. This instrument is very ingeniously constructed with a cup, which embraces the cervix uteri; this cup rests upon a silver stem, the former inclosed so as to prevent friction against the soft parts. The base rests upon a perineal bandage, which is buckled to an elastic abdominal belt. It can not fail to keep the womb in its most natural position, and the moderate price puts them in reach of every woman wishing them. If there is leucorrœa, the following will relieve it promptly:

℞. Hamamelin, ℥iss.
White sugar, ℥iij.
Ext. ergot, f.℥ss.
Simple syrup, f.℥iij. M.

Triturate the hamamelin and sugar until they are well mixed, then add the syrup, lastly the ergot, and give one teaspoonful 4 or 5 times per day.

℞. Muriate ammonia,
Sulp. zinc, aa. ℥j.
Water, Oj. M.

Sig.—Use one syringe full night and morning.

If the uterus is enlarged, bichloride of mercury and bromide of potassium are the remedies. If there is irregularity of the menses, senecin gossypein and iron should be used. And if there should be a lack of nutrition, cod liver oil and port wine are called for.

NOTES ON PRACTICE.

By H. L. W. Burritt, M. D..

Of Bridgeport, Conn.

Infant Cholera.

I saw early in June a child æt. 8 months, light complexion, robust, with this disease, vomiting, watery stools, cold feet, sunken countenance, etc. Prescribed

℞. Ext. zanthox. fl.l. ℥ij.
Tinct. opii, Cℨj.
Fld. ext. rhei, ℥ij.
Solution g. arabic, ℥j.
Acid carbolic, gr. j.
S. sul. morph., ℥j M.

S.—Three teaspoonfu's daily.

℞. Quinine, ℥j.
Cider brandy, Oj. M.

For bathing; repeat three times daily. Milk to be fed with a spoon; no nursing bottle allowed, as no one I ever saw *can be kept clean.*

3d day, child no worse or better, except more warmth in extremities; continued treatment. 7th day, child better; small quantity creta prep. given twice in last two days. 12th day, found my little patient in the morning cold and almost pulseless. In sheer desperation—parents urging me to do something—I gave

℞. Ol. morrhuæ, ℥j.
Brandy, ℥ij. M.

Teaspoonful doses every three hours; if vomited, repeat.

13th day, child alive and better; oil to be continued; milk, mutton broth, and farina. Patient averaged ℥vi. of the oil mixture above a day for two weeks, taking the astringent medicine only once daily, and recovered. I have used this treatment in thirty-eight cases this summer, with two fatal—*verbum sap.*

Hydrate Chloral.

Mrs. J., æt. 71; spare, strong woman, was thrown violently against the edge of a board by a fall, dislocating the left shoulder and severely injuring the joint, so that being twice easily reduced it could not be retained in position, and bandaging was not tolerated; limb placed in easy position. Hyd. chloral in twenty grain doses would procure sleep in fifteen minutes and keep it up for hours. Great swelling and echymosis, with pain continuing. Twenty grain dose three times daily quieted the pain, constitutional symptoms, etc., for a week, without any other medicine. I could see no effect from the use, other than a very slight nausea once or twice. Now, at ten days time, she sits up and has an excellent appetite. I think much of this new article is spurious, or of very poor quality, as I have found the effects seldom vary from the same bottle.

Stricture.

Mr. B., æt. 82, has been troubled for years with urethral stricture in the prostate; a spare, wiry man; also having a double inguinal hernia. He has been using a gum catheter some twenty years (No. 6). His medical attendant passed a No. 8 silver catherer into the bladder, as he supposed, but probably into a false passage, though but little force was used, as stated. I introduced No. 8 with ease, held by two fingers. It appeared to pass to

the left of the bladder, but could not be felt owing to great tumefaction of the abdomen and bladder—no urine escaping. Withdrawing it I passed a small (No. 6) catheter, letting it pass into the false passage, and holding it inclined well to the left. The No. 8 instrument was introduced by its side, turned slightly to the right, and without much manipulation it entered the bladder. Two quarts of water were drawn off, and the great distress of thirty hours' duration relieved. A gum catheter kept in situ for twelve hours; patient doing well. This plan may have been tried before, but I do not recollect seeing it. This was twice repeated subsequently with the same result. No. 6 silver catheter was subsequently kept in situ for three days with permanent relief.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Clinic of Dr. J. E. Garretson.

[REPORTED BY DE F. WILLARD, M. D.]

Tumefactions of Lateral and Sub-Maxillary Regions.

Gentlemen:—It accidentally happens that the four cases which you see before you present themselves to-day, laboring, apparently, under like affections. Each patient has, as you perceive, great tumefaction of the lateral and sub-maxillary regions—each face is greatly out of drawing; and what I would have you particularly remark, each face presents a different expression of suffering. These persons come to us, of course, for relief, so I proceed before you to obtain a proper comprehension of each case, so that with certainty and accuracy I may employ the means demanded for cure.

We acknowledge, to begin with, that these faces are swollen from a cause or causes. We infer that if we discover these causes, and can remove them, that nature will then quickly effect the cure.

Case I. We take, first, this hearty, healthy-looking girl. Look at her face in the bright light in which I place it, and you will see that the enlargement or tumefaction is perforated by three openings—and that from these openings is a discharge of pus. These openings, then, are the orifices or outlets of sinuses, and they lead necessarily to that something or somewhere which is the cause or seat of the disease.

From experience I infer that this patient labors under one of three conditions, alveolar abscess, necrosis of the jaw bone, or caries. I think that without any examination I can certainly say that one of these troubles affects her. Alveolar abscess is, as we have have studied, a formation and discharge of pus from a periosteally diseased tooth. The nerve or pulp of a tooth, from some cause or other, inflames—this inflammation extends through the foramen to the periodonteum, terminating in the suppuration of this membrane. The pus thus formed, while generally evacuated on the nearest surface, as in the ordinary gum boil, not unfrequently pursues tortuous routes, opening on far distant points, as, for instance, the neck, or even the chest. An alveolar, or more correctly speaking, an alveola-dental abscess uncomplicated, is expected to be cured by the removal or other treatment of the offending tooth.

Is this case one of alveolo-dental abscess?

We will open now the mouth, and if the disease is of this nature, there will be found every evidence of it in the existence of some badly conditioned tooth, teeth, or roots. A puffy, sinus-riddled face like this, if dependent on dental abscess, will show loose teeth or roots of teeth in a turgid, congested gum; every phenomenon, indeed, of chronic inflammation being present.

In this mouth I see no such phenomena. The teeth are all sound, and the gums, particularly about the alveolar borders, are firm and rosy looking. This is not, then, a case of alveolo-dental abscess.

On the conviction, therefore, that we have caries or necrosis of the jaw, we fall back. A necrosis is a death—the death of a part. Necrosis may be full and complete, involving a bone in mass, or it may be partial, destroying only a limited part. In the maxillary bones it is seldom that we have more than a limited necrosis. The dead portion separated under such circumstances is termed the sequestrum. A sequestrum thrown off from the body of a bone may lodge and be retained in the soft parts, keeping up a discharge long after the original acute action or inflammation which exfoliated it may have passed away. These retentions of sequestra are very common in our clinical experience. If in this instance we have such a condition, the sequestrum will be readily discovered by the probe, which I shall now introduce.

I feel dead bone. A piece of dead bone feels to the probe like a piece of hard wood, or like lead, or soft gold—differing thus from the healthy bone, which is obscured by its periosteum; and differing also from the dying, sloughing bone of caries in the absence of the pitted, soft, irregular face, which always marks this latter condition.

Doubtless, then, in the case before us, we have necrosis, and without questioning the patient, I am sure it is one of long standing. Were it not so, there would not be such a total absence of acute conditions. A sequestrum has been thrown off, months ago perhaps, and ever since remained cooped up in the soft tissues; further examination will surely reveal that the dead bone which I felt is disconnected from the jaw. Plainly enough, with

this sharpened probe, I catch, and can move this bone, as anticipated. We are then assured in our diagnosis, and it remains but for us to act. What shall we do? I will show you.

[Note.—The patient was here etherized, and a grooved director being passed through one of the sinuses until at length it distinguished and rested upon the bone, the sequestrum, which proved to be a portion of the ramus, was cut down upon and removed. After the wound was syringed, the edges were brought together and compressed by the ordinary adhesive strip, the patient being sent away with the assurance of a speedy cure. Inquiry elicited that the disease had existed for over two years, and had resulted from injury done the jaw in an attempt to extract a wisdom tooth.—De F. W.]

Case II. Almost, in appearance (superficially viewed), is this the counterpart of the first. Observe, however, that upon this face there is but a single fistulous opening; and that it is a fair, well defined round hole and not a teat-like projection. The face, too, to the touch, differs; it is much softer, has more heat in it, is much more sensitive to impressions. Whatever the disease may prove to be, it is assuredly more recent than the first. It has not been in a condition of abscess more than three days—of this we may be satisfied.

To make our diagnosis we may make some inquiries of the patient.

Query—How did this trouble begin?

Answer—My face began to swell and my jaws grew so stiff that, as you see, I can now scarcely separate the teeth.

Query—But you had first a bad toothache?

Answer—None at all, sir. My teeth are all sound.

Query—How old are you?

Answer—Twenty.

This is all we need know of the patient to direct us in our course. We will use now the probe. No dead bone is to be felt. It is then a case neither of necrosis or caries. Must it be then alveolar abscess? Not necessarily. It might be an abscess of one of the sub-maxillary ganglia; or it might be an inflammation and suppuration, the result of a closure of the tenonian duct; or it might be a case of follicular stomatitis. She has no bad teeth, but she is twenty years of age. I think I can guess what her trouble is. At about this age the wisdom teeth erupt, and it often happens, in contracted jaws, that there is no room for these teeth, and so they are jammed away far back under the angle of the lower jaws, and to get out is as impossible for them as for a full grown nine month child to pass through an inch and a half antero-posterior superior strait. The worst oral inflammations I have ever seen have been induced by such unborn teeth. Let us look into this mouth.

As I supposed, back of the second molar, which itself rests almost against the ascending ramus, is to be seen a single cusp, or point, of the advancing wisdom tooth. For the whole crown of this tooth to get into the dental arch, looks to be an impossibility. Yet, day by day, and hour by hour, it is growing, and crowding and wedging its way forward. We need search no further for the cause of offense in the case. A very plain indication is to remove the irritation. How shall we do it? I should like the wisdom tooth out; but then to remove a wisdom tooth with but a single cusp through the process, with the jaws partially anchylosed, and the whole side of the face exquisitely sensitive, is not so comfortable a matter—for the patient, at least. Happily, however, we can meet the indications in an easier manner. I will extract the tooth in front of it, thus, as you see, affording plenty of room and allowing the wisdom tooth to fall forward. We can assure the patient of her recovery in a week.

Case III. This boy, with a similarly swollen face, has had his trouble, as the mother tells me, for a period of over four months. He is very timid; we shall have to etherize him.

[The patient here etherized.]

In passing the probe into the sinus, which, with its teat-like projection, you can so plainly see upon his neck, I at once come upon dead bone, and the denuded surface seems quite extensive. I judge we have here necrosis of a rather extensive nature. I now look into the mouth. The teeth on the affected side, that is, the two deciduous molars, an the first permanent, seem really as if floating in a pulpy mass; pus is oozing from about their necks, and the general disorganization seems complete; without inquiring, we may affirm by the look of these teeth, which are much decayed, that in them the trouble originally commenced by pulpitis from irritation—the inflammation extending to the periodonteum destroyed this tissue, and was in turn directed to the neighboring bone, involving an ostitis of such extent as to result in death of the parts to the degree which we are shortly to observe. Finding thus the trouble, the only question which concerns us is his relief. This, as the acute state of the disease is entirely passed away, will consist in the removal of the parts made foreign, *i. e.*, the dead or necrosed teeth, and the bony sequestrum.

[Note.—Operation performed by first removing the teeth, next enlarging the cloacae along the gums, and with bone forceps seizing and lifting away the sequestra, of which there were found three, involving nearly the full circumference of the bone.—De F. W.]

Case IV.—Here is a poor woman whose case must elicit our heartiest sympathy. Her jaw has been broken by a brick thrown at her from a passing wagon occupied by some drunken brutes of men The swelling is, as you perceive, somewhat alike in appearance with those just shown you, but if you observe closely you will here see all the evidences of an acute condition; the parts are not only swollen or engorged, but are red and hot, and are excessively painful. There are indeed here all the phenome-

na of active inflammation; more than this, you will notice that her jaws are fixed and stiff, the result of the lymph exuded into surrounding parts. Associated with this fracture and injury to the cheek is violent periostitis; attention to this last is the very first indication of the case. We must, and should not attempt nothing until this inflammation is subdued. Its cure is much more important than any immediate attention to, or consideration of the fracture. Indeed, uncombatted, the fracture would be complicated with necrosis, and this would be, in her destitute condition, a heavily added misfortune. We must by all means try and secure resolution.

To do this, I shall direct first the application of leeches—ten Swedish or twenty American, applied about the base of the jaw. She will also have her feet placed in hot water, as hot as it can be borne—this pediluvian to last at least fifteen minutes; she will have, as a point of counter-irritation, a blister made between her shoulders; she will be given as a dermative half an ounce of sulphate of magnesia, and, when the bleeding from the leech-bites has stopped, she will have the whole side of her face painted thoroughly with tinct. of iodine, and immediately the parts steeped with cold water medicated with sugar of lead and laudanum. As her pulse is full and bounding—a marked expression of the inflammatory pulse—we will order her tinct. of verab. virid. five drops, *pro re nata*. If treatment thus active fails to abort the threatened suppuration, we shall then have to treat the case from an opposite standpoint.

[The patient thus prescribed for was passed for the day, to have her treatment continued at a succeeding clinic.—De. F. W.]

PHILADELPHIA HOSPITAL.

Surgical Service of F. F. Maury.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

October 12, 1870.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Retention of Urine.

Gentlemen:—The man now in the ampitheatre has been unable for the last week to pass his water, unless by the exercise of great expulsive effort. Without examination we would infer that one of two things, either a stricture or an enlarged prostate, is the cause of his disorder. The introduction of a sound in the urethra, and my finger in the rectum, reveal to me that this patient suffers from enlargement of the lateral and median lobes of his prostate gland. I also find a long stricture in the membranous urethra, which was probably the exciting cause to the overgrowth of the prostrate.

Now we find that the great danger in advanced cases of enlargement of the prostate is the retention of urine. This man is old and feeble, having completed his 70th year.

I must, therefore, be especially gentle with him in all my manipulations. Taking a bougie now, and well oiling it, I find that its partial introduction through the seat of stricture *without fairly entering the bladder*, is promotive of the flow of the urine. Now this is a practical point of value, and do not fail to bear it in mind. You must not be ever eager to get into the bladder with your instrument to relieve retention; for, as you see in this case, free evacuation often results after the instrument has but half passed the constricted portion. Always avoid violence. Suppose I had been unsuccessful in relieving this man, what then? I would have given him a hot bath, a full anodyne, either by the mouth or rectum, and put him to bed, trusting to the relaxing, soothing, and sedative effect of these measures to bring about the wished-for result. Should these latter measures fail, puncture of the bladder, or forcible catheterism are yet left to us.

The man before you I will now have put to bed, between blankets. After the bladder has been emptied for the first time, it will be found to re-fill in the course of a few hours, the secretion of the kidneys appearing more free after the removal of the pressure. With our old instruments it was impossible to draw off all the urine in these cases. A greater or less quantity collects in the bas-fond, behind the enlarged prostate, whence it cannot be expelled. Here it decomposes and becomes putrid irritating the mucous membrane of the bladder, giving rise to inflammation, as indicated by a brown tongue, quick pulse, and typhoid symptoms.

Now when this man gets up to pass his urine he must be kept covered. He must not stand on the floor on his bare feet; either a bed urinal must be furnished him, or his socks drawn on before he gets upon the floor. If he is chilly, I will give him ten grains of quinine, and if he complains of pain we will order an anodyne. He wants a good diet of nutritious but unstimulating food, and as little fluid material as possible.

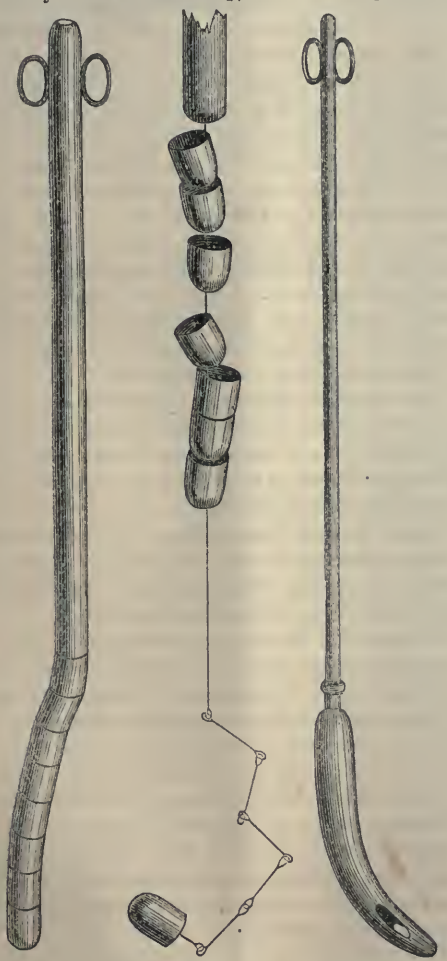
I will give this little flexible bougie to the ward surgeon, so that, if necessary, he can resort to the same procedure as you have witnessed to-day. He can instruct the patient in its use.

Never leave the instrument in the bladder after you have drawn off the urine. This was formerly practiced, but the result was only to inflame and render more sensitive the bladder, and sometimes sloughing of the mucous membrane was the result. And now, gentlemen, I am brought to an interesting point with regard to this and similar cases—what kind of an instrument is best fitted for cases of enlarged prostate.

What is known as the prostatic catheter is a silve

instrument of large curve. Erichsen finds the best shaped prostatic catheter to be one, the curve of which is exactly the third of the circumference, five and a half inches in diameter. The eyes should be large and rounded, and the lower end of the stylet provided with a piston plate, so that by withdrawing this the mucus may be sucked in through the eyes of the instrument. The trouble with this form of instrument I have alluded to. When fairly introduced in the bladder its point mounts so far above the bas-fond that it will only draw off the upper strata, so to speak, of the urine, and no amount of twisting will bring the instrument in such position as to make it, syphon-like, draw off all the water.

A gum instrument with a stylet is open to the same objection, and *sans* the stylet its introduction is difficult, and in some cases impracticable. Many attempts have been made to derive a really useful form of prostatic catheter; many have been ingenious in theory and workmanship, but failed in practice.



Dr. T. H. Squire, of Elmira, N. Y., invented, some time since, a prostatic catheter, which I here show you. It consisted of a narrow, tubular stem terminating in a curved portion of larger calibre, which had a rotary motion upon the stem. The canals of the two were continuous. The instrument proved difficult of introduction, but its inventor, after a consultation with Dr. R. J. Levis, of this city, produced the instrument which I have used successfully in your presence to-day, and which Dr. Squire denominates a vertebrated prostatic catheter.

This instrument also consists of a straight tube terminating in ten little metallic caps or vertebræ. The canal through the main tube and these vertebræ is of the same calibre throughout. The last of the tubes is fenestrated. A wire runs within the tube attached to either end. The portion running within the vertebræ is linked so as to bend with the bend of the vertebræ.

This instrument is easy of introduction, and drops naturally to the bas-fond of the bladder, so as to draw off all the urine. Dr. H. Lyle Smith, of Hudson, N. Y., writes that it has been successful in his hands. I hope we have here an instrument that will prove as efficacious in practice as it is perfect in mechanism and correct in theory.

[The instruments of Dr. Squire I have here sketched. No. 1 is the original instrument, *a* the stem; *b* the terminating curve, jointed at *c*. No. 2 is the improved instrument.]

October 19th, 1870.

Sycosis.

Gentlemen:—The first case that I have the honor to bring to your notice this morning, is the man who appeared before you one week ago suffering from barber's itch, or what is scientifically denominated *sycosis* or *mentagra*. [Case reported in last number of Med. and Surg. Reporter.] The form of affection before you is non-parasitic, hence we did not need to resort to epilation or pulling off the hair, which is the treatment when the eruption is dependent upon a parasite. A starch poultice was here used to soften the scabs; and to this kind of poultice I give the preference, and afterward an ointment composed of one part of glacial carbolic acid to seven parts of simple cerate was applied to the eruption. You remember that I told you the ointment of the nitrate of mercury, or the ointment of the iodide of sulphur, properly diluted, were also applicable here. All the officinal ointments of the stores containing mercury, iodine, etc., are too strong for application to sensitive skins, and should be diluted. This is a local affection, and calls exclusively for local treatment. I do not endorse the *diathesis* theory of skin affections. The polymorphism of skin diseases is proof positive that every form of cutaneous eruption is not dependent upon some attendant and solitary diathesis.

We will simply pay attention to this man's diet and secretions, and he will be well in another week.

Keloid.

This most wonderful case has at different times previously demanded your attention. I think it one of the most remarkable that has ever presented itself in this city, certainly to my observation. [This case, with two drawings, was reported in this journal of the date of September 24th, 1870. R. M. T.]

There is somewhat a diversity of sentiment among medical men who have examined this case; but if you will follow me in my brief resume of the history of this man, I think we can truly diagnosticate the nature of his affection. This negro is a native of North Carolina, is twenty-eight years of age, and appears free from any constitutional affection, being, apart from this growth, hearty and muscular.

When but eight years of age this man had an abscess on the front of his neck, which was opened, leaving as a resultant a hard, dense cicatrix, which gradually extended in both directions around his neck. After nine years' growth, it had half encircled the neck, and was about two inches in width. Prof. N. R. Smith, of Baltimore, at that time removed the growth. The resulting wound healed kindly in six weeks. The line of the cicatrix, however, was speedily occupied by a hard, rounded ridge, which slowly extended and enlarged. Eighteen months later, while passing through the woods with an axe on his shoulder, he stumbled and fell, and the blade of the axe gave him a severe cut on the back of the neck. From the scar grew a dense fibroid growth, which crept around the neck to join the one in front. His master now carefully avoided punishment, as the least incisions with the lash seemed prone to take on this morbid action. Four years after this date a band of soldiers whipped him severely; each gash, on healing, was succeeded by the hard, elevated ridge, the result of the previous wounds. Seven years subsequent to Dr. Smith's operation, the tumor was again removed by a surgeon of Goldsboro, N. C. The wound healed in three months, and then the old morbid action again set in. To-day you see the huge mass which encircles his neck like the foldings of a huge snake. You also see various growths of a tomato like outline upon his body. There are thirty-seven of these, of variable size. In July, 1870, two of these growths were removed for the purpose of microscopic examination, and also to observe the rapidity of recurrence. For one the ecraseur was used, for the other the knife; in both instances a portion of healthy skin tissue was removed. You see these tumors are both recurring.

Now, this affection is undoubtedly keloid, an affection of the skin, first described by ALIBERT in 1810. Alibert so called the affection which he described from its stellate or sprawling form, like that of a crab, hence the term keloid, which signifies crab-like.

Now, although this growth has nought of resemblance to a crab, the result of the microscopical examination of Dr. L. A. DUHRING, along with its physical characters, undoubtedly place it with that group of tumors that modern pathologists denominate keloid.

A section of this tumor resembles the section of a turnip with a fine grain. To the touch it is tough, resisting and firm, with a certain amount of elasticity, and upon pressure exudes a thin, pale, straw-colored liquid.

Dr. Duhring prepared a specimen of this by keeping it in a solution of bichromate of potassa and alcohol, then making vertical sections, which were examined in glycerine. He found the horny layer of the epidermis thin and scanty, the cells themselves being well broken up, and many of them having undergone granular degeneration. The cells in the upper layer of the rete mucosum seemed closely packed together and unusually numerous, while the deeper layer contained the pigment cells well closed. The mass of the tumor was composed principally of connective and elastic tissues, the former being disseminated throughout, while the latter appeared here and there in the form of good sized, well developed elastic bands, running both transversely and vertically. Fat was found in some parts in fine globules. Long, wavy bundles of connective tissue were seen running in striæ transversly just beneath the papillary layer. Here and there a cut sebaceous gland was found.

In some of the fields a loose net-work of connective and elastic tissue intermingled was present, with globules of fat. Connective tissue cells, long and twisted, were to be seen, sometimes approximating each other and again scattered.

Now from what I have said it is evident that a "keloid diathesis" may exist here, and granting this, I think, reconciles all differences of opinion regarding the nature of this man's affection.

Per se, this affection is non-malignant, and I doubt whether it ever transforms itself into pure malignancy; but the pressure of such a growth upon surrounding parts, its attendant pain (slight in this case), its interference with recumbency, and its final ulceration, may undoubtedly so wear and tear upon this man's system as finally to destroy his life. The great trouble of this affection is its unvarying recurrence after removal. Of this you must tell your patient, holding yourself responsible for the conducting of the operation, but shouldering none of its attendant risks.

Now comes the question, what shall we do with this man? He is young and strong. Shall we consign him to the hospital for the rest of his days, or

shall we perform a palliative operation, and thus allow him resume his out-door work? I think the latter my course, and if upon consultation with my colleagues I secure their approbation, I shall bring this man before you for operation upon Wednesday next. You see that while the growth is continuous around the front of the neck there is an interval in the back. Around this, and through a gutter cut in the front, I can slip the chain of an eraseur, removing one-half and reserving the other for a future operation.

Stricture.

The next case I bring before you is the old man with the long, dense, firm, fibrous stricture of the spongy urethra, with enlarged prostate, and who had retention of urine. For the relief of which latter I passed a catheter at my last clinic and drew off his water. He has had no retention since the operation, and to-day I proceed to dilate him, using for this purpose the instrument of Mr. HOLT, of London.

[The instrument was passed through the stricture which was first dilated and then "rifled out" by rotating the instrument on its long axis. The resulting inflammation and ulceration softens the stricture. Should chill and pain occur, 10 grs. of quinine and ¼ gr. of morphia will be administered after the operation. R. M. T.]

Perineal Section.

This patient (a negro), æt. 41 years, is a native of North Carolina, and by occupation a ship's cook. As long as he can remember he has suffered from urinary trouble. When a boy they told him he had gravel, for which various remedies were administered. He suffered from gonorrhœa seven years ago. Three years ago he was troubled with an affection resembling bleeding piles, but nothing ever protruded from the anus. For his urinary trouble he has been treated in another hospital, when the doctor made a false passage in attempting to pass a bougie. For two weeks afterward every passage of the urine was attended with exquisite pain. Afterward he got better and went to the Sandwich Islands, where he remained several months. He was in an hospital in New Zealand for two weeks; here they attempted to pass a catheter, but failed. About three years since he had a little boil—like swelling on the left side of his anus; after remaining a week, it broke out and left the parts very sore.

A similar sore shortly followed upon his perineum. This sore followed the course of its predecessor, but the resulting opening left by each never healed, and the man, soon after their coming, found that he was passing fecal matter through them. About seven months since, while at sea, he was attacked with a swelling of his scrotum; after a month this broke, and discharged a cream colored pus. He was under medical treatment at New Bedford, after landing. During this time seven new openings upon the scrotum and pubes made their appearance. At the present he has eight openings—three on the scrotum, three in the supra-pelvic region and two around the anus. From the first six the urine passes every time he makes his water, and from the two openings last named, fecal matter passes.

Now, it is obvious to you that this man is in bad condition. He is emaciated and nervously prostrated from his long standing troubles. On attempting to pass a sound, I find a stricture at the very orifice of the urethra. This I cut, and after passing it, find my sound in its passage along the urethra jolting and jumping after the manner of a wheelbarrow along a rough road. [Further instrumental operations were here suspended until chloroform was administered, on account of the intense pain which the patient suffered.] Now obviously we can do no good to this man unless we allow his urine free vent, and these false openings a chance to heal. In other words, perineal section is here indicated.

[Dr. WM. H. PANCOAST introduced a Sim's staff. The patient was placed in the position for the operation for stone in the bladder, and an incision similar to that recommended by Mr. Allerton in these operations made. The urethra was opened at its membraneous portion, and afterward this opening was sufficiently dilated to introduce the finger into the bladder. A flexible catheter will be passed daily to keep the incision opened.—R. M. T.]

DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS, of New York City.

Metrorrhagia—Cured by Operation.

M. C., æt. 15; single; some weeks ago came to this clinic with the following history: Began to menstruate at 13, and for two years continued to do so. During the last five months has had metrorrhagia of very persistent character. Dr. WARD, of this clinic, saw the patient at her house, and proceeded to dilate the cervix. After three or four attempts with sponge tents he succeeded. Upon introducing his finger within the uterus, he discovered fifteen or twenty wart-like bodies from the size of a split pea downward.

The curette was applied and the whole of them removed. Next day no hemorrhage; and there has been none from that time to this.

I will say a few words in reference to the use of the curette. There are some of the forms of it which are excessively dangerous; but the one which I hold in my hand, and which, by the way, is nothing more than a loop of copper wire—I do not consider to be much more injurious than an ordinary uterine sound, if it is properly used. All instruments with a cutting edge I should consider to be capable of giving rise to much injury—and never to be used.

Metrorrhagia of Epithelioma Cured by Operation.

Mrs. C., æt. 38; married. This patient came to the clinic last winter, complaining of metrorrhagia and a flow of serum, of fifteen months' duration. A vaginal examination showed the body of the uterus to be normal, but the cervix to be invaded by cauliflower excrescence. It was found, however, that an isthmus of healthy tissue existed at the upper part of the cervix, and for this reason the *galvano caustique* was had recourse to, in order to amputate it. After the operation, hemorrhage and hydrorrhœa ceased. To-day, when I make an examination, I find no further signs of the disease. So we may consider it for the present cured.

In the case that was presented last week, there was no healthy isthmus, and an operation was useless. In those cases, temporizing is simply imperiling the life of your patient.

The case will come back to us during the month of February, and before, if any urgent symptoms supervene.

Metrorrhagia with Ulceration of Os.

Mrs. B., æt. 28; two children; has had flooding for three years, but in that time has not been pregnant. Vaginal examination shows ulceration of os uteri which, upon the slightest touch, bleeds on passing the sound within the uterus. No hemorrhage is discovered; thus it appears that the cause of the hemorrhage is a bleeding ulcer of the womb. However, it may be malignant, but I do not think so. The treatment will consist in the application of escharotics once a week, and of these I think the strong solution of chromic acid will be most satisfactory here. It is to be hoped that the patient will come back regularly so that the effect of treatment may be studied.

Retroversion of Uterus—Results—Operation.

Before proceeding to operate on a case I shall give you the history. Eighteen months ago I was called to see a case of inversion of the uterus. In twenty minutes it was reduced. Shortly after this the patient gave signs of obstructive dysmenorrhœa. On passing a probe the canal was found to be closed. The neck was then slit up, when out gushed a quantity of tarry blood. From that date the pain was relieved; but again the patient ceased to menstruate, and gave symptoms similar to her first attack.

To-day you see her before you. A physical examination shows a tumor posteriorly to the proper position of the uterus, and my opinion is that this is the engorged organ retroverted.

[Prof. THOMAS then proceeded to slowly open the cervical canal by the curved scissors, being careful rather to feel his way along than to make a bold cut. In a minute or so a gush of dark blood made its appearance, and upon passing the uterine sound it went back toward the hollow of the sacrum, showing that the organ was retroverted as suspected.]

EDITORIAL DEPARTMENT.

PERISCOPE.

Alcohol in Diseases of Children.

In a lecture published in the *Medical Record*, Dr. JACOBY says: I have now to speak of another remedy, of much importance, which has not until quite recently been counted among the antiphlogistic—alcohol. It certainly deserves the name of an antiphlogistic, as I propose to show. Like other stimulants—musk, camphor, ammonia, etc.—it has been used in inflammations by BRAUN and his school. It was perfectly natural that they should employ it thus, because, in their opinion, every inflammation was due to an adynamic condition of the system. The first to use it as a direct febrifuge was TODD, who found that under brandy or strong port wine the pulse became less frequent and the temperature of the body was lowered. True, he did not test the temperature by the thermometer, and so was perhaps less able to judge of it than are we at present. He thought also that alcohol acted as nutriment; and ANSTIE, as you know, holds the same opinion. DRYSDALE considered that it passed through the system unchanged, and, therefore, could not act as nutriment. He regarded it as a stimulant proper, and nothing else.

Now, if it be true, and it has been so proved, that alcohol will diminish the temperature the most notably in those persons who have not been accustomed to it in health, we should naturally look upon it as one of the principal febrifuges for women, and especially for children. Indeed, a monograph upon this very subject of the use of alcohol in the diseases of children has been put forth by a Frenchman, Dr. GODFRIN. In what diseases, then, of children and others should alcohol be given? If it is an antiphlogistic, and will always reduce the temperature, why not give it in every febrile disease? To this I should be opposed. Alcohol should not be given in acute pneumonia, for example; for, when administered in large doses, only a part of the amount will be decomposed, and the remainder will be eliminated, unchanged, not only by the kidneys, etc., but to a great extent also by the lungs. Now the lungs, which in acute pneumonia are the seat of congestion and nutritive disorder, would, in my opinion, suffer greatly from any new work put upon them.

If the small amount of healthy lung is expected to get rid of this congestion, and to do the work of the whole lungs also, it should be spared the extra task of eliminating alcohol. Moreover, the *local* effect of alcohol is that of irritation. Whatever alcohol entered the lungs would act as a local irritant, and, despite the reduction of the general temperature, might increase the local congestion and inflammation. For this reason I would not give it in other acute inflammatory affections, unless the general condition of the patient required a stimulant in moderate doses. In enteritis, for instance, it would increase peristalic action by its local irritation, and, therefore, would be contraindicated. But it is indicated in those fevers where we can get the general effect we desire without local injury, as in hectic fever, from whatever cause.

As a stimulant, I give alcohol for its antiparalytic effect. I may say that I regard it as a dietetic agent, and in the hot summer weather I make all my children take a little whiskey or brandy in the water they drink. For if there is anything to which we owe our great amount of intestinal catarrh, etc., it is paralysis of the nervous system from heat; and I find those children who take a little brandy to counteract this, every hot day through the summer, escape the bowel complaints, and do very much better. Like other physicians, I use alcohol in typhoid fever and secondary pneumonia, and mos of the pneumonias we have to deal with in children are of this character, and very soon require the use of stimulants such as will at the same time reduce the temperature.

According to my experience, patients who are given alcohol as a febrifuge do not acquire a taste for stimulants. As soon as they begin to eat well they leave off the drinking of their own accord. I am asked how it is in cases of phthisis. In these, it is true, the patients will commonly drink until they die: but, as a rule, I do not make my phthisical patients take much alcohol, although there are some cases, attended by a good deal of fever, where it may do considerable good. I have wished to speak, however, only of those affections in which I have seen a positive indication for its use. In inflammatory fevers after the acute stage has passed by, and in chronic fevers throughout, whenever the temperature gets very high or the pulse very frequent, alcohol is indicated.

Femoral Aneurism Cured by Rapid Pressure.

John Russell, M.R.C.S., reported the following case to the British Medical Association:

The patient, Matthew Powell, æt. 38, was a puddler and furnace man. A swelling was first noticed in the right groin after a fall against a pig of iron twenty years ago. No inconvenience was, however, felt till a year before admission into the Infirmary in May, 1870, when, after a strain, the swelling increased and became painful. Pulsation was first noticed seven months before his admission. The swelling extended upward to Poupart's ligament, and five or six inches below; its size was about that of a clenched fist. After two days' rest in the recumbent posture, digital pressure was made on the external iliac artery, and was kept up by the resident staff of the New Castle Infirmary (eight in number) in turns of twenty minutes each, for twenty-four hours. The temperature of both limbs fell somewhat; the tumor became slightly harder, but the pulsation was unchanged. The patient complained of much pain during the compression, and took two grains of opium and two and a half grains of morphia. On May 31st, at 10:45 A. M., a common horse shoe tourniquet was applied over the left common iliac artery, the patient being deeply under the influence of chloroform. There was difficulty in applying the compression in consequence of the slipping of the instrument; but the horse shoe tourniquet was found to answer better than others. At 3:15 P. M., the tourniquet was relaxed; pulsation was much less, and the tumor was harder. At 5 P. M. it was again relaxed, and ether spray was applied. At 6 P. M. the pulsation was less; distal pressure was now applied in addition. At 7:30 P. M., in consequence of the patient's breathing being difficult, the tourniquet was relaxed. The pulsation was almost imperceptible. At 7:55 pressure was altogether removed; pulsation ceased entirely in a few minutes, and the tumor felt quite solid. The patient was kept throughout under the influence of chloroform, which he bore very well; thirty-five drachms in all were used. Enemata of beef tea and brandy were given frequently. After this, up to June 16th, there was sometimes slight pulsation, and the tumor felt harder and smaller than before the application of pressure. On June 16th, chloroform was given, and pressure made over the common iliac artery by means of Lister's abdominal tourniquet, for five hours, during which it was relaxed twice. There was still occasional pulsation up to June 24th, when it ceased altogether and had not recurred on July 10th, when the patient was discharged. Mr. Russell said the great object of the rapid pressure treatment was, that there should be a cure outright and at once. If the treatment had to be postponed for an hour or a day, the portion of the clot which might have formed in the tumor might occasionally be carried out and do great mischief. As New Castle was the birthplace of the rapid pressure treatment, he thought it only fair to say what was believed there. It was originated by Dr. William Murray, whose case was successful; two cases had been successfully treated by Dr. Heath, and the case he had reported was the

fourth in Newcastle; but there were several other scattered cases. He thought that cure took place almost instantaneously, and that it was owing to the rapid coagulation of blood in the sac. He recommended the plan of letting in fresh blood, which might coagulate more readily. There was another very important thing in the case, and that was, that the man was under chloroform ten hours. In some cases of aneurism the tumor had disappeared very rapidly.

Chloral in Midwifery.

Mr. E. Lambert, late House-Surgeon to the Edinburg Maternity Hospital, has published in the *Edinburg Medical Journal* for August an account of eleven cases of labor in which chloral was administered. Three of them were under the notice of the late Sir James Simpson. The conclusions at which Mr. Lambert arrives are the following:

"1. Chloral is an agent of great value in relief of pain during parturition. 2. It may be administered under favorable circumstances during and at the close of the second stage, with the result of producing absolute unconsciousness, in the same sense in which we understand unconsciousness under chloroform. 3. When thus given successfully, it has this advantage over chloroform, that it requires no interference with the patient. 4. It is desirable to retain chloroform in the position which it at present occupies in midwifery, and to reserve for the agency of chloral the first stage of labor. If, however, chloral or some agent having analogous properties be found successfully to relieve the pain of uterine contraction, the use of chloroform will be restricted to a lesser period of the duration of labor, or to the facilitation of manual or instrumental interference. 5. It is demonstrated that a labor can be conducted from its commencement to its termination, without any consciousness on the part of the patient, under the sole influence of chloral. 6. The exhibition of chloral in no wise interferes with the exhibition of chloroform. 7. The proper mode of exhibiting chloral is in fractional doses of fifteen grains every quarter of an hour until some effect is produced; and according to the nature of that effect the further administration is to be regulated. Some patients will require doses of one drachm; and it is better to produce an anæsthetic effect by three drachms given in the space of two hours, than by one drachm given singly. 8. The effects of chloral are continued beyond the period of complete parturition; and the repose experienced by the patient after her labor is one of the favorable circumstances to be noted in considering its application to childbirth. 9. Any stimulating effects, in the form of general excitability, occasionally observed during the administration, have passed away very rapidly. 10. Chloral not only does not suspend, but rather promotes, uterine contraction, by suspending all reflex actions which tend to counteract the incitability of the centres of organic motion. 11. Labors under chloral will probably be found to be of shorter duration than when natural; for unconscious contractions appear to have more potent effects than those which are accompanied by sensations of pain. 12. Experiments are required in order to determine whether there exists the same antagonism between ergot and chloral as is known to exist between strychnia and chloral. 13. The general conditions under which chloral is to be administered are the same as those which regulate the administration of chloroform, and the rules laid down by Sir James Simpson in connection with this subject must be rigidly adhered to."

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Lewis A. Sayre has published an answer to various charges of unprofessional conduct and injustice preferred against him by Dr. A. Ruppaner. The answer makes a pamphlet of 38 pages, 8vo., and is published by D. Appleton & Co. The array of evidence marshaled by the author on his side is certainly complete and convincing, and although on reading Dr. Ruppaner's accusations we thought them very hard to meet, we must say that they *are* met and refuted very satisfactorily. We may here say that the report of the case of Walsh *v.* Sayre, referred to a few weeks ago, is published by Show & Co., 176 Fulton street, N. Y. Price $1.00.

An oration on Medical Progress was delivered by Dr. A. N. Bell, at the forty-seventh anniversary of the Medical Society of Kings county, N. Y. (8vo., pp. 33, Brooklyn). It gives a brief review of the most important advances in the medical sciences, and concludes with a reference to the status o therapeutics. It is an incorrect statement, by-the-by, to define therapeutics as partly consisting in the "preservation of health" (p. 30), as both in derivation and usage the term is limited to the treatment of disease.

The October number of the *American Law Review*, (Little, Brown & Co., Boston,) contains some observations upon Dr. Hammond's "Medico-Legal Study of the case of Daniel McFarland." The review observes that "if in cases in which the defense of insanity is set up, the jury were directed to return a special verdict, and the court were thereupon authorized to investigate the question of danger to the community, and if that question were settled in

the affirmative to remand the prisoner to an asylum, we should probably hear less of the absurdity of the defnce of insanity and should walk the streets with a much greater sense of security than we now feel." In Pennsylvania we have long since met this difficulty. Our criminal code, adopted in 1860, re-enacting prior provisions, declares as follows:

"In every case in which it shall be given in evidence, upon the trial of any person charged with any crime or misdemeanor, that such person was insane at the time of the commission of such offence, and he shall be acquitted, the jury shall be required to find specially whether such person was insane at the time of the commission of such offense, and to declare whether he was acquitted by them on the ground of such insanity; and if they shall so find and declare, the court before whom the trial is had, shall have the power to order him to be kept, in strict custody, in such place and in such manner as to the said court shall seem fit, at the expense of the county in which the trial is had, so long as such person shall continue to be of unsound mind."

We have received the first number of the "Archives of Science and Transactions of the Orleans County Society of Natural Sciences." Drs. J. M. Currier and Geo. A. Hinman are the editors. It is published quarterly at Newport, Vermont. Terms $2.50 a year. It contains an article on the character and customs of the Pawnees, by the Rev. T. E. Ranney; a chemical description of the mineral springs, of Essex county, Vermont, by Dr. H. A. Cutting; an article on Indian history, by Mr. W. W. Grout, and a number of meteorological observations.

We called attention when Dr. REZIN'S *Medical Adviser* was published, to the inferior character of the work, and the great injury which such poor productions do the cause of popular medicine. The *Scientific American* says of it: "This book is certainly not one that we should deem fit to be read, or one which we should expect would improve a youth if read privately. If certain subjects connected with human physiology are to be discussed at all, they should be discussed in the plainest manner. A spade should be called a spade. All attempt at imagery or facetious allusion which may tend to excite a prurient imagination should be totally avoided. The author of this book evidently has lacked the skill and courage to treat subjects connected with the reproductive organs in this way."

We observe in the New York *Nation* that Dr. EDOUARD SEGUIN'S "Prescription and Clinic Record" has reached a sixth edition. It is a pocket-book for the practitioner, and aims to give more precision and certainty to prescriptions, by writing them once for the apothecary and again for preservation; to substitute, more and more, positivism for conjecture in diagnosis and prognosis; to record phenomena on the spot and seriatim; and to treat complex or protracted cases with scientific unity of plan.

Among other publications of professional interest may be mentioned "The Beginnings of Life," by Prof. H. C. Bastiian, who reviews the present state of the "spontaneous generation" controversy; and an account of the late deep-sea dredgings under the auspices of Drs. Carpenter, Thompson, and J. Gwyn Jeffreys, called the "Depths of the Sea."

Macmillan & Co. will publish simultaneously in London and New York a new work by Dr. Maudsley, author of "Physiology and Pathology of the Mind," entitled the "Relation of Body and Mind," a subject even better calculated than the former to secure a wide reading both among men of science and among laymen.

William R. Warner & Co., have published the first number of a periodical entitled "*Record of New Remedies and their Therapeutical Effects.*" It is occupied by an article by Dr. STILES KENNEDY on Iodoform. We believe it is distributed gratuitously.

BOOK NOTICES.

The Physician's Prescription Record, Containnearly 400 prescription blanks, with forms of Record of the condition of the patient, and copy of Prescription. 1 vol., 12mo., cloth. Philadelphia: S. W. Butler, M. D., 1870. Price $1.00.

One of the many reasons, therapeutics is so inexact a science, is that so few physicians keep a record of their prescriptions, and really remember what they did give their patients. At a late meeting of a medical society, at which we were present, where the subject happened to be broached, several physicians frankly confessed, that when busy, they frequently forgot what they had prescribed for their patients on previous visits! This ought not to be, and to leave no excuse for it in the future, Dr. Butler now offers the profession, not only a prescription, but a clinical record as well.

The prescriptions are to be written on the middle of the leaf and can readily be torn out; the edges of the blank being cut for that purpose. *Above* the blank is the clinical record, *below* it a space to copy the prescription.

Our objection to the book is that it is inconveniently bulky in these days of short coat-tails and shallow pockets, which is a fault readily mended in another edition. But the plan is excellent, and in dispensaries and office practice it will be found admirable.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 5, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE USE OF TECHNICAL LANGUAGE TO JURIES.

The dear public to which we owe so much, and who are such intelligent patrons and discriminating judges of matters medical, have divers grounds of complaints against medical men, which they regularly ventilate at periodical seasons. We notice about once a year the query passing from one newspaper to another, *why* it is that doctors can't use the common good old English names of articles, and not try to hide their art and bamboozle their patients with crooked Latin terms.

The periodical answer which is given to this inquiry, and which stands once for all at the begining of the United States Dispensatory, and which is as regularly presented in a more or less original wording by some indignant medical reader, is as regularly forgotten as it is presented.

Another complaint about as often made, and dwelt upon with as grevious a tone, is, that in delivering testimony before juries, physicians *will* employ technical terms for parts and functions of the human body.

This reminds us of a similar complaint which was made by some of his auditors to the celebrated metaphysician FICHTE. They said they did not understand the terms he used. Fichte replied that the matters to which he referred could not be described in any more fitting and accurate terms than he employed, and if his auditors were not capable of understanding his words, it was because they were equally far removed from comprehending the things he spoke of, and it was time that they should seek more intelligence, and not he other words. So we avow our belief that if coroner's juries and juries in general, for that matter, were made of better stuff, there would be less ground for such a respectable paper as the *Jersey City Journal* to indulge in such a tirade as the following:

"In reading the testimony given by medical men at coroners' inquests, the intelligent reader can scarcely avoid laughing at the absurdity of the proceeding, if the object of the testimony is really to give the jury any information. Usually the doctor who testifies might just as well jabber to the jury in the Choctaw tongue as to say what he does say, so far as his hearers getting any information is concerned. Instead of speaking in plain, intelligible English, and describing the condition of the body of the subject which the jury 'is sitting on' in a way that can be understood, the doctors mix up their story with technical terms and fragmentary Latin in the most non-understandable manner possible. When shall we have the rule of common sense and plain talk in these matters?"

What a wonderful thing it is that "common sense" fathers such a quantity of uncommon nonsense? We at once answer the *Journal's* question as to the time when. It will be when algebraists explain Sturm's theorem, and chemists the reactions of organic substances, and engineers the laws of projectiles, in "plain intelligible English."

There are many injuries and pathological processes, and there are many functions and portions of the human body for which there are no "common sense English" terms. Nor can they be explained in anything less than a lecture, nor understood even then, though set forth with the lucidity of a Tyndall, by the bakers and shopkeepers and tapsters who make up the average jury at a "crowner's quest."

The true solution of the difficulty is to have a commission of experts to examine and report upon these cases. Then, and not till then, will the examples of stupidity, which so often in coroner's verdicts furnish food to make the unskillful laugh and the judicious grieve, become a trait of the past. Meanwhile let us hope the able editors will find something else whereon to whet their critical quills.

The Cortland County (N. Y.) Medical Society has published a manual containing a list of members, the by-laws and code of medical ethics. It also contains a brief historical sketch of the formation of the society.

Notes and Comments.

Yellow Fever in New York.

A report has gained ground that yellow fever is prevailing in New York, but upon inquiry only one case was found to have been admitted to Bellevue Hospital that showed post-mortem evidences, and others cases entered comatose and died, and it was suspected that they had escaped from the quarantine grounds. However, the autopsy proved the suspicions to be incorrect. Since that time no other cases have appeared.

Health Resorts.

There is a sort of a prejudice in this country against private sanitoria, not that they fail in their purpose, but that they are too often in the hands of irregular pretenders. This cannot be said of "The Pines" at Aiken, S. C., in charge of Dr. W. H. GEDDINGS, which we have reason to believe is a really excellent and comfortable resort for the invalid, with a good table and clean beds.

We can say as much for "Spring Hill," at Litchfield, Conn., under the care of Drs. H. W. BUEL and WM. PORTER. This institution is for the reception of ladies and gentlemen afflicted with nervous diseases. The design is to give the household as much the character of a family circle as is possible, and to combine with this the most thorough medical treatment and supervision.

Philadelphia Medical Colleges.

The medical department of the University of Pennsylvania, and the Jefferson Medical College, have classes this season worthy the prestige of these institutions. We have not received the introductory of Prof. Agnew, but from the introductory of Prof. Dickson, of the Jefferson College, we glean the following pertinent paragraphs:

Referring to the increased competition which the medical graduate of to-day encounters, Dr. Dickson thus refers to the "bone of contention"—

"The list of Female Colleges has become a large one. Their classes are every session growing more numerous, and the reputed success of several regularly educated ladies as practitioners will doubtless crowd their lecture rooms. Far be it from me to deny or seek to limit their widest liberty of choice. It question neither their rights nor their capacities they are fully able to fill most if not all the the positions they seek to occupy; and it will be well for you hereafter if you do not find them too strong for you in the great battle of life. Meanwhile, however much we may regret, disprove of and deprecate this lamentable misappliation of their eminent gifts and graces, they must receive at our hands all kindness and courtesy, every aid and facility; nothing being refused them but the worse than useless privilege they have so tenaciously contended for—the admission, namely, into the same rooms at the same hours with their brothers and cousins, their future lovers and husbands.

Another addition to the ranks of your competitors, as yet of little or no consequence, though not without importance in prospect, will be the access of colored physicians, whether of the tawny Chinese, such as may be met with in California, and at least in one instance as we are told in the city of New York, or from among our darker fellow-citizens of African descent. Many of these latter are now receiving an appropriate education, and will soon be prepared to enter the regular medical schools.

Some of the negro races are of very fair ability, and will learn readily whatever they are taught. Such are the Foulahs and the Mandingoes, the tribes of Congo and Mozambique. Hybrid of all grades, the mulatto, mestizo, quadroon, &c., and especially the more congenial hybrids formed by a cross between the better orders just named and the French and Scotch who mingle well with them, as they do with the Indians of our forests, ascend wonderfully in the scale of appreciativeness and general capacity. They are all ambitious and imitative, and will offer you no contemptible rivalry."

The Albany Medical College.

We have received convincing proof that the stories set afloat in the *Albany Argus*, intimating that the Albany Medical College was inclined to favor fraternization with homœopathists, are completely false and, no doubt, are an invention of some of the enemies of that institution. We have even taken pains to inquire if Mr. Ira Harris said anything in palliation of that exclusive sect, or is a believer in their practice. We have learned that he neither spoke a word in favor of "fraternization," nor approves of their pseudo-science. Those who wrote and had published this damaging and unfounded statement merit the contempt of all honest men, of whatever belief, and we hope will get it.

Dental Association in New Jersey.

The Dentists of New Jersey met in Trenton on the 25th ult., and effected an organization and appointed the following officers for the ensuing year: Dr. Hayhurst, of Lambertville, President; Dr. Stockton, of Mount Holly, Vice President; Dr. Hanks, of Rahway, Secretary; Dr. Reading, of Trenton, Treasurer. After considerable discussion on matters relative to operative and mechanical dentistry, they adjourned to meet again in convention, at Newark, on the second Tuesday in July, 1871.

A Card from the Long Island College Hospital.

We bespeak the attention of our readers to the following exposure of a barefaced trick to palm off a charlatan's ware on the professional public: "It has recently come to our knowledge that a *quack advertisement* has been distributed under cover and stamp of the Annual Circular of the Long Island College Hospital. The Regents and Faculty of the College embrace the earliest opportunity to state that this was done without their knowledge, after the circulars had been committed to the news agent for distribution. They deeply reget the necessity for publishing this card. But duty to themselves and the profession requires that this statement be made public."

Correspondence.

DOMESTIC.

Severe Injury to the Testicle.

EDS. MED. AND SURG. REPORTER:

I beg leave to offer a report which may be of interest to the profession, since the case is one of rare occurrence, and demonstrates that non-interference is sometimes pretty good surgery. On the 16th of August last, as Mr. B., an employer of one of the oil companies in this region, was walking along the railroad, a train from the rear failed to attract his attention in time to make good his escape. He was struck by the cow-catcher, and dragged or pushed quite a distance before the train could be stopped. When I saw him I found the left knee punctured, apparently, by a spike, but the joint entire; the right knee considerably bruised; but the most remarkable injury was to the left testicle—castration having been effected with the exception of having left the cord entire. The gland was bare, and the day being dry and the roads dusty, his wounds were literally plastered with dirt. My first impulse was to finish what the locomotive had so nearly accomplished, for I had very little authority in the way of precedent cases, but on closer examination I concluded to risk a little conservatism: so having washed the organ and the whole face of the wound, I returned it, and employed the ordinary interrupted suture to effect closure, three or four being sufficient. The after treatment was simple, for the very good reason that all symptoms were local. Slight symptoms of sloughing and gangrene were easily overcome by yeast poultices; the first treatment having been the persistent application of ice-water by means of the beef's bladder; a weak solution of potass. permanganate, sufficed to correct the fetor which was strong. The testicle was enclosed in, and supported by a triangular muslin bandage, such as Dr. Gross recommends; changed twice daily. So far as this wound was concerned the patient could have walked about in two weeks, but the left knee was long in healing, the wound having been a puncture, with considerable bruising of adjacent tissue. All, however, was sufficiently progressed in about one month to warrant his discharge. He has been at his regular work some time, with all his functions unimpaired. I would have been greatly pleased to have had the record of a similar case for my guidance, hence this contribution.

W. E. ROSLING, M. D.

Petroleum Centre, Pa.

NEWS AND MISCELLANY.

Manufacture of Ozone.

Mr. LOEW, of New York, has discovered that ozone is formed in rapid combustion. The German chemist, CARL THAUR, finds the observations of Mr. Loew to be correct.

A small quantity of ozone is always found in that part of the air which is immediately in contact with the lower part of the hydrogen flame, and its presence can be shown by drawing the air through a glass tube. The point of the tube ought to be inserted into the lower half of the flame, and the draft must be strong enough to divert the flame a little from the perpendicular, but not enough to draw the unconsumed gases through it, as they at once destroy the ozone. Burning charcoal yields no ozone for the reason that the carbon absorbs both atoms of oxygen to produce carbonic acid. This method of the formation of ozone is of great interest, and may eventually lead to its practical application in bleaching and disinfecting. It would appear to be a cheaper and a better way to evolve the active oxygen than by electricity.

QUERIES AND REPLIES.

Dr. T. C. S., Washington, D. C.—The COMPENDIUM for July was mailed to you long since. It must have been lost in the mail. A duplicate is sent

MARRIED.

HARTMAN—EACHES.—On the 20th ult., at the residence of the bride, Henry Hartman and Mary L. Ewing Eaches, daughter of Dr. U. E. Ewing, all of Louisville.

MUNSON—SMITH.—In New Haven, Ct., Oct. 5, by Rev. M. S. Scudder, D. D., Rev. Joseph O. Munson and Miss Etta J. Smith, daughter of Dr. A. W. Smith, of New Haven.

STEELE—LEONARD.—At Brooklyn, Oct. 25, by the Rev. Charles Pomeroy, A. J. Steele, M. D., of St. Louis, Mo., and Cassie, daughter of Hon. M. G. Leonard, of Rockland Lake, N. Y.

DIED.

BURGIN.—In this city, Oct. 23d, George H. Burgin, M. D., in the 78th year of his age.

CROPPER.—At Lebanon, Ohio, Oct. 18th, of diphtheria, Thomas C., only son of Dr. Charles and Carrie C. Cropper, aged 4 years.

HASBROUCK.—At Nyack, N. Y., Oct. 28, M. C. Hasbrouck, M. D., aged 61 years and 11 months.

MAXEY.—At his residence, eight miles from Nashville, on the Gallatin pike, Oct. 13th, Dr. John Maxey, in his 83d year.

THE

MEDICAL AND SURGICAL REPORTER.

No. 715.] PHILADELPHIA, NOVEMBER 12, 1870. [Vol. XXIII.—No 20.

Original Department.

Communications.

SUMMARY OF 354 CASES OF WOMB-DISEASE AND APHORISMS OF UTERINE THERAPEUTICS.

(From a Treatise on Hysterology in Preparation.)

By E. N. Chapman, A. M., M. D.,

Late Professor of Obstetrics, Diseases of Women and Children and Clinical Midwifery in the Long Island College Hospital.

By analyzing the cases that have, individually, been the subject of study in the foregoing pages, and by grouping in a tabular form their more salient and distinctive characteristics, the *tout ensemble* of womb-disease may be presented at a glance. Thus the more important particulars, which can only be gathered by consulting the cases in detail, may be brought distinctly into view, the whole subject embraced in a small compass, and the principal facts epitomized in a few words.

These cases, considerable in number, recorded by assistants conversant with the facts observed in a public clinique, by medical men and students, and investigated and treated, as far as possible, without the warping influence of bias, or the blinding power of preconceived opinions, and with the sole purpose of transcribing, accurately, the histories of disease, and the results of treatment, ought by right to challenge attention, and receive a larger share of regard than is awarded to statements based upon ideal data and deductions, having no premises more reliable than the general impressions and current opinions of writers.

As will appear, this summary invalidates the doctrines generally held by uterine specialists, sanctions conclusions at variance with their teachings, and, in as far as clinical data are authoritative, demonstrates certain propositions in hysterology that are irrefutable except by a like record.

TABLE OF CASES.

Whole No. of cases...	361
Cases, written.....	77
" tabulated.....	284
" uterine.....	350
Old cases treated a second time.....	4
Old cases non-uterine.	7
AGE.	
Oldest.....	56 yrs.
Youngest.....	18 yrs.
OF THE UTERINE CASES.	
Nulliparæ.....	77
Multiparæ,.....	275
Unknown.....	2
Multiparæ, aborting.	120
" not aborting.	149
" unknown....	6
No. children.....	896
" abortions.....	234
DATE OF MISCARRIAGES.	
Second month.....	26
Third month.....	96
Fourth "	25
Fifth "	4
Unknown	83
No. examined.....	266
No. not examined....	88
CAUSE.	
Labor.....	120
Abortions.....	57
Sterility	26
Polypus	11
Abcess, inner cervix	2
Narrowing " "	12
Preternatural length of cervix.....	1
Suppressio mensium..	13
" lochium...	5
Prolapsus.....	3
Procidentia.....	2
Anteflexion	4
Retro-lateral flexion.	1
Amenorrhœa.....	5
Scanty menses.....	1
Gonorrhœa	3
Change of life.....	3
Dysentery	2
Anæmia.....	6
Syphilis	2
Debility.....	1
Fright.....	2
Destructive caustic..	1
Metritis, (puerperal).	1
Menorrhagia.....	1
Pregnancy	1
Unknown.....	68
DURATION OF DISEASE.	
Longest time.....	28 yrs.
Shortest "	3 days
Mean " 3 yrs. 3¼ mos.	
No receiving no treatment.	86
Pregnant, with uterine disease, no treatment.....	7
No. receiving constitutional treatment.	42
No. receiving local treatment.....	219

COMPLICATIONS IN THE UTERINE CASES.	354
Prolapsus uteri.....	103
" vesicæ.....	53
Vaginocele.....	23
Cystocele.....	8
Cystitis.....	1
Procidentia	10
Polypus (cervical)....	11
Anteflexion.....	6
Retroflexion.....	1
Retro-lateral flexion.	1
Retroflexion with retroversion.....	1
Anteversion.....	14
Retroversion	10
Vaginitis.....	68
HYPERTROPHY.	
Active.....	42
Passive.....	40
Mechanical.....	7
Hyperæsthesia.....	30
Enlargement cervix..	55
Preternatural length of cervix.....	1
Abscess inner cervix..	1
Narrowing inner cervix.....	8
Erosion.....	87
Vaginismus.....	10
Abscess anterior lip..	1
Gonorrhœa.....	3
Amenorrhœa.....	4
Suppressio mensium.	2
" lochium..	4
Vascular tumor.....	5
Hæmoptysis.....	2
Hæmatemesis.....	1
Adhesion.....	1
Purpura.....	1
Change of life.....	3
Tuberculosis	3
Chronic diarrhœa....	1
Pregnancy.....	1
Supposed pregnancy.	1
Enlargement thyroid body.....	1
Epilepsy.....	3
Febris.....	5
Effusion of lymph (sub peritoneal).....	2
Phlegmasia dolens...	1
Trance.....	1
Trismus	1
Angina pectoris.....	2
Asthma.....	1
Aphonia.....	1
Pleurodynia.....	1
Gastralgia.....	1
Laryngismus.....	2
Rectitis	1
Dysmenorrhœa (membranous).....	1
Seml paralysis.....	1
OF THE 219 CASES TREATED LOCALLY.	
Cured.....	161
Benefited.....	15
Interrupted.....	37

OF THE 219 CASES TREATED LOCALLY.

Cured by growth of ovarian tumor	1
Cured by change of climate	1
Old cases cured second time	4

DURATION TREATMENT IN CASES CURED

Longest time	18 mos
Shortest	1 w'k.
Mean	4 mos 22 days.

OF THE 19 CASES OF NON-INVOLUTION IN 4TH CLASS TREATED CONSTITUTIONALLY.

Cured	10
Benefited	3
Interrupted	6
Pregnancy resulted	5

IN THE 155 CASES CURED BY LOCAL TREATMENT.

Pregnancy resulted in multiparæ	38
Pregnancy resulted in nulliparæ	4

COMPLICATIONS IN 165 CASES CURED BY LOCAL TREATMENT.

Prolapsus uteri	62
Pessary required	14
" not required	48
Prolapsus vesiæ	34
Pessary required	4
" not required	30
Vaginocele	14
Pessary required	10
" not required	4
Cystocele	5
Pessary required	5
Cystitis	1
Procidentia	5
Pessary required	5
Antiflexion	5
Retroflexion	1

COMPLICATIONS IN 165 CASES CURED BY LOCAL TREATMENT.

Retro-lateral flexion	1
Retroflexion with retroversion	1
Anteversion	11
Retroversion	5
Vaginitis	40

HYPERTROPHY.

Active	30
Passive	6
Mechanical	4
Hyperæsthesia	18
Enlargement cervix	42
Preternatural length of cervix	1
Erosion	32
Vaginismus	9
Narrowing inner cervix	3
Abcess of inner cervix	1
Abcess of anterior lip	1
Polypus	1
Gonorrhœa	2
Vascular tumor	5
Amenorrhœa	2
Purpura	1
Hæmoptysis	1
Hæmatemesis	1
Semi-paralysis	1
Chronic diarrhœa	1
Enlargement thyroid body	1
Febris	5
Effusion lymph (subperitoneal)	2
Asthma	1
Laryngismus	1
Aphonia	1
Angina pectoris	2
Pleurodynia	1
Gastralgia	1
Dysmenorrhœa(membranous)	1

APHORISMS OF UTERINE THERAPEUTICS.

From a careful collation, comparison and sifting of the evidence offered by the general record, as in the *résumé*, above given, of the chief particulars of each case, are derived, as legitimate deductions, the following aphorisms of uterine therapeutics. These aphorisms, stated for the sake of brevity and compactness, in the form of propositions, comprehend the pathology, ætiology, diagnosis, prognosis and therapeutics of womb-disease, and announce the cardinal principles, that should be the point of departure, the basis of operations, the guide of every remedial effort for the subdual of disease and the restoration of the vital forces, the nerve-power and the blood-supply to their proper balance and healthful rhythm.

1. Uterine disease invariably falls within the limits of the menstrual age, neither arising before the advent, nor continuing after the decline of this epoch. In no case did the attack precede puberty, or follow the climacteric period; the youngest subject under treatment being 18 and the oldest 56 years of age.

2. The sexual life, circumscribing the range of morbid actions, and alone presenting the conditions requisite for their inception and continuance, the pathology hinges on the new order of things inaugurated with the menses.

3. A change of life—a retrograde step by which the internal genitalia return to their original condition, is Nature's mode of cure—a mode invariably certain.

4. This cure, radical and permanent, is effected by the withdrawal of the sexual instinct, retrocession of nerve and blood-force, cessation of ovulation, involution (climacteric) of the uterus and vagina, in a word, by the abolition of the physiological laws of puberty and a return to those of childhood. Now the laws of nutrition, common to all parts, are alone operative.

5. During the child-bearing period, a chronic congestion has no tendency to a spontaneous resolution, except on the occurrence of pregnancy, since the continuous aspiration of blood to the female organs, by the ovarian stimulus and the intermittent but greater influx attending animal desire, and the monthly nidus, keep alive and ever renew the congestion.

6. Pregnancy, by instituting physiological laws, as much higher than those of puberty, as the laws of puberty are higher than those of general nutrition, may over-ride and overmaster a congestion, active and morbid, by substituting one active and normal; and then, involution on delivery, by instituting other laws for the removal of effete tissue, may restore the uterus to a healty state, by substituting a normal atrophy for the hypertrophy.

7. Recent cases of congestion, occasioned by suppression of the menses, by an interruption to the initial steps of involution at the termination of pregnancy, either before, or at term, or by other like causes, operating in a like manner, are many times cured by a free, spontaneous hemorrhage, menorrhagic or metrorrhagic.

8. Chronic cases of congestion are not benefited by a menorrhagia, or a metrorrhagia, the discharge being a mere leakage from overcharged vessels that have lost their contractility.

9. General remedies are efficient in removing a recent congestion and in promoting involution, directly following delivery, especially when aided by a copious hemorrhage or menstrual flow.

10. Local treatment is demanded in all cases of womb disease of a chronic nature and in many of recent origin.

11. Local treatment is of equal efficacy in combating the constitutional, as the pelvic disorders, and is of itself competent to cure the patient.

12. The constitutional treatment may, in confirmed cases, aid the local, but cannot, if employed alone, be other than delusive and temporizing.

13. The substratum, the remote causation, the germ of uterine disease, is a perversion of function.

14. The results of this perversion—physiological laws broken and thrown into disorder—are the only morbid conditions found in any case; in other words, the pathology is comprised in the confusion and aberration of normal operations.

15. The physiological congestion of menstruation, intermittent and temporary, is converted into a pathological congestion continued and permanent.

16. In nulliparæ, the morbid operations are limited to this persistent vascular fullness.

17. In multiparæ, the laws of pregnancy having, once or more, superseded those of menstruation, and imparted a new life-force, there exists not only vascular fullness, but certain structural alterations simulating those peculiar to conception, to wit: increased nutrition, formation of muscular fibres, growth and exuviation of the true uterine mucous membrane, etc.

18. The immediate causes of this vascular fullness are of two orders: the one impedes, disturbs, or interrupts, the physiological laws of menstruation; the other those of involution.

19. Uterine disease being physiological obliquity, a straying of organic forces in devious courses, is restricted within the bounds of a congestion. Inflammation and its products are only met with when the organs contiguous to the uterus are implicated, as for example, in pelvic cellulitis.

20. A judicious treatment restores the uterus, vagina and ovaries to a state of integrity, in which the menses are normal, pregnancy possible, and all local and general symptoms absent.

21. The duration of uterine disease may be co-extensive with that of the menses, unless pregnancy or art interferes. The longest time recorded is 28 years, the shortest, 3 days, the mean, 3 years, and 3½ months.

22. The prognosis, even with the unfavorable surroundings of a dispensary practice, is extremely flattering. Of the 219 cases (the 4 recorded as a recurrence of the disease being added) treated locally, 165 were cured and 15 benefited. One recovered by a change of climate, and one by the growth of an ovarian tumor. The result in the 37 cases remaining is, from a discontinuance of the treatment, unknown.

23. That the success was greater than appears by these figures is shown by the rarity of relapses.

24. It may safely be premised that, in private practice, 85 to 90 per cent. of uterine cases, admit of a perfect restoration to health.

25. In multiparæ, and also in nulliparæ, when the cervical glands are alone affected, a favorable result is nearly certain, unless organic disease co-exists. Excluding class VII, there remain 196 cases treated locally, of which 155 were cured and 10 benefited. In one case a cure was effected by the growth of an ovarian tumor. In 30 cases the result is unknown.

26. In nulliparæ, a chronic congestion is difficult to remove and prone to return. Of these cases treated locally, 23 in number, 10 were cured, 5 benefited, and 7 abandoned treatment. One patient was cured by a change of climate.

27. The direct effect, and the ultimate result of treatment, cannot, with any degree of certainty, be predicted of the nulliparous uterus; but in the multiparous, the prognosis is more favorable in uterine than in any other disease of a like gravity.

28. As unlike many other pathological states, chronic uterine congestion has, of itself, no tendency to recovery; a cure, if effected, may be rightfully claimed by the physician as due to his treatment, and not to an effort of Nature.

29. By a cure is meant a restoration of the general health, as well as of the genitalia to a normal condition—one in which each organ of the body regains its proper status and functional activity.

30. The duration of the treatment of the cases cured, belonging to classes I--VI inclusive, averaged about 3¾ months; the longest time being 2½ years, and the shortest one week.

31. The duration of treatment of the cases cured belonging to class VII, average 6

months and 5 days; the longest time being 1½ years, and the shortest 5 weeks.

32. A multiparous uterus that, like a nulliparous, remains under the stimulus of congestion, dense and unyielding, and presents a neck of the natural shape and a body of the natural bulk, is with great difficulty relieved of disease. Such a case, too often, foils the best directed and the most persistent efforts.

33. Erosion, puffiness, enlargement and elongation of the cervix, and hypertrophy of the corpus uteri, showing, as they do, a more spongy and succulent state of the uterine fibres, and consequently a less degree of tension and irritability of the nerves, are favorable occurrences.

34. Vaginitis is part and parcel of uterine congestion, and is due to a repletion of the erectile coat of the vagina. This repletion distending the vascular papillæ, induces mucous inflammation, which, being consecutive, abates proportionately with the under-lying congestion that feeds the papillæ, but is not benefited by a specific treatment. Of the 165 cases cured, 40 had this complication.

35. Prolapsus of the uterus or bladder, in the cases cured, existed 96 times. Of these, 18 required the use of a pessary.

36. Procidentia, cystocele or vaginocele, in the cases cured, existed 24 times. Of these, 20 required the use of a pessary.

37. Anteversion complicated the cases cured 11 times; retroversion, 5; anteflexion, 5; retroflexion, 2; and retroflexion with retroversion, 1. These changes in the position and form of the uterus, on the removal of congestion, gave little or no inconvenience, and in no instance required officious intermeddling.

38. Congestion imparts to displacements and distortions of whatsoever nature their chief significance, and primarily demands attention.

39. Every plan of treatment that does not in the first instance aim to restore the circulation of the internal genitalia to its normal balance and rhythm, is always futile, and sometimes mischievous.

40. The complications attendant on uterine disease are, as a rule, removed with the congestion, if not, the treatment appropriate to each is to be enforced.

TREATMENT OF SCARLET FEVER.

By Stiles Kennedy, M. D.,
Of Newark, Del.

There is no disease that brings with it so much terror and consternation amongst families and communities as scarlet fever, and no other disease in this country can compare with it in the suffering, misery, want and neglect of human care which it creates.

Families are often forced to isolate themselves, and undergo the extremest privations. Proper food, pleasant accommodations, and the attendance and sympathy of kind friends are cut off through fear; and when death comes, his first offices are, perhaps, performed by those whom our finer feelings have taught us to relieve. This terrible suffering is due to a popular error regarding the contagiousness and fatality of scarlet fever, and the medical profession would do well to disabuse the public mind on these two points, for they indirectly play a most important part in the management of the disease and the success of treatment.

Scarlet fever is not contagious. The best medical minds in this country and in Europe do not consider it so. This position is proved in several ways: the belladonna treatment proves it conclusively; in a great many towns in this country, even now, on the first appearance of scarlet fever the children are all dosed with belladonna, and let run the streets just where they please. The parents and some physicians have confidence in the medicine, and they assume that, because these children do not all take the fever, that the medicine prevented it. The truth is, a very small proportion of children have the disease whether they take the belladonna or not. Hahnemann brought out this humbug and some good men were deluded by it, from the fact that a large proportion of children who took it did not take the fever; but after it was thoroughly tested in the public institutions of Germany, France, England and this country, it was thrown aside as worthless. In private practice it has shared no better fate, and the profession is almost a unit as to its inefficiency.

In the next place, scarlet fever is not disseminated like a contagious disease. Last winter it appeared in the east end of this town on the tenth of January in one family; the next case was a mile distant, on the west end of the town on the fifth of February; the next case was in the northwest end of the town, three-fourths of a mile from either place, on the 28th of February; and a month after this, there were two cases in the neighborhood of the first case.

Now, between the first three cases mention-

ed there was not the slightest communication in any possible way. I have examined into this matter closely, and I assert that it was scarcely within the range of possibility for the second case to have caught it from the first, nor the third case to have caught the disease from either of the others. Nor did the disease spread around either of these localities, although around two of them children literally swarmed. Now, according to my observation, this is the way the disease always conducts itself—epidemics being put aside—and this agrees with the experience of every intelligent observer with whom I have conversed.

If scarlet fever is so dreadfully contagious, why is it that physicians do not spread it through whole communities?

Frequently, for three months at a time, I have had different cases of the disease under my care, in all stages and of all grades of severity, while at the same time I was attending other families with children; and yet, scarlet fever has not followed me more than any other disease. This testimony is also corroborated by the experience of nearly every physician of my acquaintance with whom I have advised. On the other hand, scarlet fever is not governed or controlled—it holds no amenance to sanitary or quarantine law, as contagious diseases do. The most scrupulous cleanliness by the State and the citizen has no more control over the appearance of this disease than it has over diseases in general.

The highest, closest barricades have no effect upon it, and the strictest seclusion is no more security against it than against the ordinary diseases of our climate. On this point I wish to add the testimony of one of our most prominent medical statisticians:

"In Providence," says Dr. SNOW, "we can go still further, and I think we can prove positively that good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease."

Certainly no such language could be used regarding any of the strictly contagious diseases, for we all know it is written in medical history, and rewritten every year, that proper sanitary and quarantine regulations are effective in preventing the spread of those diseases.

From my own practice I have no more evidence that scarlet fever is contagious than I have that fever and ague, or croup, or dysentery are.

Ten days since I was called to the hills of the Christiana, northwest of this town, to see a child of Mr. Gross with scarlet fever. None of this fever had been within ten miles of the child for many months. Its home has a pure bracing atmosphere, free from all poison; there was no filth, cesspools, or any thing of the sort near the farm. The home was neat, clean and pleasant, and the child had not been from it. The mother had made out the diagnosis in her own mind. When I arrived and confirmed it, she looked at me as if some terrible calamity had befallen her, and asked, "How in the world did my child catch the scarlet fever?"—Hope that it was not scarlet fever, had fled.

Now to answer this question here, would involve a discussion of the causes of the disease, a subject upon which our knowledge is exceedingly limited, and which is not directly pertinent to the object in view. I told the mother, however, that her child caught the scarlet fever just as another of her children caught the chills, and the other the asthma, and as the lady over the hill caught the erysipelas.

"But won't the other children take the fever from this one? They will not take the chills from the other one."

"Certainly not, although all the children may have either one or the other disease. You understand that chills are produced by certain conditions of the atmosphere arising from the low lands, and entirely independent of the exhalations of sick people. Your family are all breathing the same atmosphere, and if their systems are all in the same peculiar condition as this one, you may all have the chills. And the same process of reasoning holds good with the asthma. The bronchial tubes of that child are spasmodically contracted; there is some defection of its nervous system which, ordinarily, is not noticed, but which is developed by certain conditions of the atmosphere. Under the same circumstances you would all have the asthma, and yet each case, as with the chills, would be entirely independent of every other case.

"By applying this analogism to scarlet fever you will find that your family may or may not have it, depending on the severity of the cause —the atmospheric, poison if you choose—and the susceptibility of your family constitution

to such disease; but, in my opinion, should another case occur here, it would be independent of this case, as would be the case if another of your children should take the chills."

The second error to which I wish to call attention, is the generally received opinion that scarlet fever is far greater in its proportionate rate of mortality than other diseases. Such is not the case. In my practice dysentery, croup and summer-complaint have been more fatal in proportion to the number of cases treated than scarlet fever, and I would to-day rather encounter the latter disease in a family of children than either of the disorders mentioned. Somehow the deaths from scarlet fever are remembered better; they hang around us; the impression lasts longer; while in deaths from other diseases time soon obliterates their remembrance, and unless we have kept our records straight, and refer to them, we think that this disease is much more fatal. Besides, when scarlet fever is prevalent at all there is a tendency amongst some practitioners to work off their fatal cases on the scarlet fever list. A death from almost any disease of the throat—if diphtheria is not about—is sure to get on the mortuary bill of scarlet fever, if there is a case or two of that disease in the neighborhood.

Then, if a child die of any other disease within several months or a year after having had this fever, the death must go on the record as scarlet fever. If neither of the above circumstances exist the latest and most abstruse and scientific ghost is brought out, the scroll unrolled, and the death put down under "latent scarlatina."

Then, again, this idea of the terrible fatality of scarlet fever is encouraged by a class—a lower grade—of practitioners, with the hope of getting up a neighborhood reputation of curing terrible cases.

But the ablest and purest men of the profession in this country and in Europe, do not consider scarlet fever as being but in the very fewest number of cases beyond professional control. In considering this matter, care must be taken not to confound the ratio of deaths from scarlet fever per 1,000 of cases treated, with the ratio per 1,000 deaths from scarlet fever as compared with other diseases.

I am satisfied that a mixing of these calculations, or a want of careful separation of them, and due reflection thereon, has had much to do with creating the terror regarding scarlet fever. The papers tell us that last year one-sixth of all the deaths in Philadelphia were from this disease. No doubt the number was swollen to this large proportion in the manner already indicated. But the important question is altogether ignored, How many cases were treated? Suppose of 1,000 cases treated 5 per cent. should die, then you have 50 deaths. Now suppose of 1,000 deaths of all diseases 200 of them are from scarlet fever, it would indicate by the first supposition that there had been 4,000 cases of the disease treated. We ponder over the large number of deaths, but we forget the enormous number of cases actually treated. The other 800 deaths may have been derived from 1,200 cases of all other cases treated, instead of 1,000, which is required to make it of the same ratio as of deaths from scarlet fever, leaving one per cent. in favor of the latter disease.

The injury inflicted by these two errors, which have been considered at greater length than was intended, is manifold. Whole communities are thrown into a state of fear and apprehension, a great deal of useless trouble is produced, and the minds of those most likely to become patients are forestalled with unworthy suspicions, while those who may become attendants are filled with wearisome anxiety; and in the midst of this perturbation, the sufferings of those already sick are neglected. I have heard that in an enlightened Christian community, whose hills are glistening with church spires, whose peaceful fields are studded with school-houses, that little children, sick, suffering, innocent children, have been known to cry for a morsel of food that could be eaten. The thought is sickening that so much sorrow and suffering is produced by these senseless, foolish errors of the terrible contagiousness and fatality of scarlet fever.

Is it any wonder, then, that when we are called to a family where the disease is just contracted we find such terrible forebodings pictured on the faces of parents and so much distress and fright in the patient himself? Here the world is shut out; ignorance has bolted the doors, and intense prejudices stand guard; isolation is complete. No kindly neighbors come and go bearing good offices and lively sympathies for the afflicted. Nor dare any member of the stricken family go beyond the shadow of his tenement. The physician comes; and too often, instead of being

a bulwark of strength, he is a vehicle of weakness; hesitating with doubts, trembling with timidity, and vacillating between crude opinions, he nervously puts out a few powders on the "eliminative" plan, hurries off, and the doors close on another twenty-four hours of grief. No wonder such communities have horrible ideas of scarlet fever.

These extended remarks bring us at last to a consideration of the first principle in the treatment of this disease, namely: an unwavering and inspiring confidence of mastery over the disease, and an honorable and enlightened effort to disabuse the minds of patient and attendant of fear.

Children, even when quite young, possess a natural aptitude or faculty of discerning danger from the looks, actions and conduct of those around them, and often, just as the nurse becomes despondent in hope, sinks in fear and allows grief to manifest itself; just so the patient will sink. On the other hand, I know that I have seen children saved—bouyed over the shoals of death—by the unshaken, unflinching courage of the attendants.

The physician who fails to constantly inspire hope, cheerfulness and confidence in a successful issue, leaves open an avenue through which alone the enemy may enter and prove victorious.

I would not engender a reckless disregard of circumstances, nor a spirit of bragadocia, but a manly, animating determination to overcome whatever is dangerous that may arise during the course of the disease.

The selection of a proper room is an important matter, and too often entirely overlooked or neglected. Parents with few or no servants want the sick convenient to their work. The sick are then in the midst of the noise of children, the bustle and confusion, often, of domestic duties, the clatter of pans and kettles, the slamming of doors, the screaming of children, and a hundred other noises all fall on the patient's ear. While the doctor is about, all is comparatively quiet, and he is apt to think that it is so in his absence; but if your patient is near the work of a family, you may put it down as next to impossible to have quiet, and quietude is almost essential to successful treatment. It does not cut the disease short, nor does anything else hygienic or remedial that I know of; but it does ameliorate beautifully some of the severer symptoms of this disease, particularly the nervous and cerebral.

Frequently, in families in more comfortable circumstances, the other extreme is reached, and the little patient is carried up two or three flights of stairs "to where," emphatically, "beyond these visions there is *peace*," to some gloomy, cold, ill-furnished room—the purgatorial corner of well children; the object being to separate as far as possible the sick from the more fortunate.

I always try to select a room sufficiently removed from the family noise, with windows that command a pleasant scenery, and by all means where the sun can enter, and one in which an even temperature can be maintained. The choice of room is made without any reference to its furniture; but I at once insist that the most cheerful furniture about the house be put into it, especially the curtains, carpet, pictures, vases and bed-spread. All this is a little troublesome, but will seldom be objected to, and most always sensible people will carry out these directions with commendable alacrity, for they understand that it is better to have a little trouble at the onset than to have much, and possibly more serious trouble at the close of the sickness.

These arrangements having been completed, we now give our attention more directly to the patient himself, and we find in ordinary cases high fever; sometimes it is better expressed by the term "raging fever," burning, swollen, and often sore skin, frequently delirium, and nearly invariably an intensely inflamed throat.

Whatever other symptoms the patient may have, these create the alarm and endanger his life. I shall, therefore, separate them sufficiently to give expression to the treatment here contemplated. I propose to treat the fever by the application of

WATER.

It is so simple a remedy, so easily applied, grateful to the feelings of the patient, rational to the judgment, and beyond all, so efficacious in controlling—I had almost said curing—the disease, that I ask for it an unbiased consideration and a fair, impartial trial.

Water is no new remedy, as far back in the world's history as its pages are numbered. Amongst all nations, barbaric or enlightened, idolators or Christians, have been found those who confided in the curative properties of water. But their practice was empirical, and

consequently when their assumptions were brought to light, the contumely which drove it again and again into obscurity forbade the stubborn to observe whether after all there was not some good in so simple a remedy. Now we have new and splendid lights before us, and there is no longer any doubt that water is a most potent operative agent in the economy, whether it be diseased or not.

A recital of some facts may not be out of the way here. Drs. BIDDER and SCHMIDT have found that water increases the quantity of bile, solid as well as fluid contents, within an hour after it is drank. A dog was taken, weighing 5 kilogrammes, and fed on the following articles, with the following results:

Grammes.	*Grammes of Bile.*	*Of Solid Matter in it.*
185 Beef,	2.283 with	0.135
25 " 158 water.	4.030 "	0.117
185 water alone.	5.165 "	0.143

This has been verified by three other expriements.

Water is the quickest and most complete source of muscular power. The porters of the Andes, the most powerful and enduring in the world, habitually drink quite warm water on their journeys. They state that it gives them strength.

Four-fifths of the animal body consists of water. Water is an augment to the quantity and power of the gastric juice, and warm or tepid water is a direct renewer of the secretions of the stomach. (Chambers on the Indigestions.) Standing, therefore, in the midst of a progressive physiology and an enlightened practice, can we wonder, as Dr. CHAMBERS says, "That such a powerful agent has been set upon a pedestal to be worshiped as a panacea for all human ills?" While, with him, rejecting these pretensions, I still acknowledge its power, and I will now enter into some of the details of its application.

THE BATH.

In the great majority of all cases of scarlet fever the bath will prove very grateful to the patient. The temperature of the bath, as far as possible, should be arranged to suit the feelings of the patient, if a child. The thermometer should indicate the necessity of the bath. As a rule it may be stated that with the bulb in the axilla and the mercury at 101° F., a bath should be taken of a temperature as low as 60° F., and this may be repeated as often as every third hour, if it is necessary, to keep the temperature of the patient below the point given. Children not accustomed to being bathed when well, are often so much frightened by water at any temperature that the bath cannot be used.

Dr. LEBERMEISTER, of Basle, uses, in the general hospital of that place, the plunge bath at temperature 54° F. whenever the temperature of the body reaches 102° F. in typhoid fever In scarlet fever I see no necessity of waiting for such accession of temperature in the body. Nor on the other hand of seeking such a low temperature of the bath; in fact, if the bath is too cold it is apt to set children against it altogether.

Dr. WALTER FERGUS, of Edinburgh, in an article published in the London *Lancet*, something more than a year ago, and extensively copied by American journals, recommends the cold douche bath in cases of extreme developement of the rash and burning skin, and inveighs against the early employment of warm baths, until a certain amount of restoration of tone has taken place. It is a great pity that Dr. Fergus did not go more into detail regarding this important element of his practice. No doubt he took it for granted that Englishmen, being countrymen of Carne, who had written years ago the only really scientific work on the use of cold water in acute diseases, and Americans, who speak the same language and draw on the realm for so much of their medical literature, were quite familiar with scientific hydropathy; but, astonishing as it may appear, this important subject has been, and is now suffered to remain in almost absolute neglect, both in private and public practice. Consequently that portion of the gentleman's admirable paper has failed to elicit the attention in the practice of this country that it otherwise would have done.

The sensation of the presence or absence of heat in any substance is relative. Two persons of the normal temperature entering a bath, one will exclaim it to be cool while the other will declare it to be warm. One is shivering, the skin is pale and contracted, the blood has been driven inward; in a few moments, however, reaction has taken place, and he is warm. The other person will experience no such changes. This is due partly to a perfectly normal difference of sensitiveness in different individuals. It is relative in thermometery, but real in therapeutics.

In children this difference is very marked, and it should be pandered to when not contraindicated, if we are desirous of getting along

without much trouble. For instance, a cool bath of average temperature, say 67° Fahr. is ordered to a family of children. One complains that it is too cold, while another screams that it is too warm! The children cry, fuss and worry, thus injuring themselves more than the baths do good. The mother or nurse is not willing to go through another such siege till the doctor comes. When he arrives the story is told. Instead of having three or four baths they have had only one. He gets out of patience and says that if "you expect to please children nothing will ever be accomplished." The baths are dispensed with.

Now I can speak within bounds and say that I have known at least a dozen cases where baths have been attempted and failed at this very point, when a few pints of cold water poured into one bath and a little warm water into the other would have saved all the trouble. Nor would there have been, under proper management, a particle of difference in the result obtained in the lowering of the temperature of the patients.

A child of 103° axillary temperature will require to be in a bath of 67° about five minutes in order to reduce this temperature to 101°. If a bath of 75° were taken it would require, say six minutes, and if one of 60° were taken it would only require about four minutes to do the same work. These figures are not intended as a rule, but simply to indicate what ought to be done.

Neither must it be supposed that the lowering of temperature takes place only while the patient is in the water; perhaps only 1° of heat is disposed of at that time, but the temperatue continues to fall for thirty or sixty minutes after the patient is placed in bed. The body will remain in this lower temperature for from one to six or more hours, when it will gradually rise again to its old figure, if let alone; but before it has reached its old height the bath should be given again, and repeated as often as may be necessary to keep the temperature down.

To go back a little, then: if the patient has a burning fever, give him a bath at 60° temperature. But if he will not take your bath at this low temperature, still give him one of the temperature of his own choosing anywhere below 95°, as I am satisfied that bathing at any temperature below that will do good.

Where the physician thinks it necessary that the patient should take a bath of a lower temperature than he is willing to, a march may be stolen on him by means of an extra bucket of water and a short piece of India-rubber tubing. The full quantity of water ordinarily employed in the bath-tub is not put in it. The patient, however, is placed in it, and without his knowledge the tube is made into a syphon, and the cold water from the bucket is quietly drawn into the tub. In this way I have been enabled to carry my point against the most obstreperous little fellows; all it requires is a little tact on the part of the nurse.

We now come to a brief consideration of the

COLD SHOWER-BATH

as a means of cure in the treatment of scarlet fever. The shower-bath is an improvement and an enlargement of the cold douche spoken of by Dr. Fergus, but is so far superior in every way as to be incomparable to it. It is better adapted to adults and children of discretion, who have a will and good control of it.

To patients, who are either open to reason or under thorough subjection to parental authority, this is the best form of bath. It not only cools down the fever—lowering the temperature of the body—but it arouses the whole nervous system to tonic action, awakens the mental faculties, so that the will and courage of the patient are strengthened, and he appreciates that he is in better condition for the fight, and obtains a consciousness that victory is on his side.

The apparatus for giving the shower-bath is generally not so easily arranged as that for the plunge, still he is a very stupid man who cannot get up a shower-bath in thirty minutes if he have any sort of material. Make an oblong square frame three feet by six. The corner posts need not be more than one and a half or two inches square, while thinner strips will do for cross pieces at top and bottom, and a half-dozen plastering lath nailed on diagonally will stay or stiffen it sufficiently. A width of common cloth may be tacked down three sides, that on the fourth side hanging as a curtain. Bore a two-inch auger-hole through the bottom of a two-shilling water bucket; on the lower side of this hole nail a piece of tin perforated with small holes, on the inside, over the auger hole; tack a soft piece of sole leather by one edge, an inch from the hole, so that it will act as a valve; a

piece of wood with a light weight laid on it is tacked to the valve to keep it down, and to this block is attached a twine to run through a notch cut in the top of the bucket on the same side that the leather is tacked, down to the floor in front of the curtain. Put a large wash-tub in the bottom of your frame, and mount the bucket on the frame by means of cross pieces nailed on, and you are ready for operation.

The shower-bath acts much more rapidly in reducing the pulse and heat than the plunge, even if the latter be of the same temperature. The reason of this is plain; in the shower-bath the water comes directly upon the head, and each portion of water is but the shortest possible time in contact with the surface of the body, when it is rapidly succeeded by others.

In the plunge bath there is almost always, unless care be taken to prevent it, a thin layer of warm water next the body, water heated by the body itself, which breaks the access of and tempers the colder water. This is easily demonstrated.

Put your foot into a bucket of cold water, and keep it still for a minute or two. The first sensation is so intense as to cause you to shiver; this subsides into a feeling of simple coldness, and then in a minute there is a feeling of returning warmth. Now this is neither nervous nor arterial reaction; there is a stratum of water immediately adjoining the limb that has been warmed by the limb, and this breaks the effect of the cold water outside of it; move the foot, and at once the stratum of warm water is broken, the surrounding cold water rushes to the foot, and the same shivering and coldness is reproduced. Constant motion of the water is required or this stratum of warm water may form around the whole person in a plunge bath, and the effects of the bath be very materially lessened; such cannot be the case with the shower bath.

(TO BE CONTINUED.)

California State University.

At a meeting of the board of regents, held October 3, the following elections to the chairs of the medical department were duly ratified: Prof. of Surgery, Dr. H. H. Toland; of Physiology, Dr. J. J. LeComte; of Chemistry, Dr. Ezra S. Carr; of Materia Medica, Dr. J. B. Stillman; of Anatomy, Dr. C. T. Buckley; of Clinical Medicine, Dr. J. B. Shorb; of Midwifery, Dr. J. Blake; of Principles and Practice of Medicine, Dr. Thomas Bennett.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Surgical Service of F. F. Maury, M. D.,
One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

October 26, 1870.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Circumcision.

Gentlemen:—The boy before you you will remember as having been the subject of an operation for redundant foreskin, coexisting with soft chancre. I have often told you that men who indulge in promiscuous intercourse, who are uncleanly, etc., should have as little foreskin as possible, so that no structure may exist upon the penis that will serve to entangle virus. I believe the day is not far distant when circumcision, as among the children of Israel, will be universally practiced. You see what a sightly organ the man now presents in comparison with the phymosed, filthy, and repulsive structure that visited us some weeks ago.

Result of Perineal Section.

And now, gentlemen, I will bring before you with certain feelings of pride, I must confess, the man upon whom I performed the operation of perineal section one week ago to-day, in this amphitheatre. Hear his statement, that he is much better, relieved both locally and generally. See his brighter caste of countenance, hear his stronger voice, and feel, as I do, his diminished but fuller pulse, and you cannot wonder that my pride in the result is both legitimate and praiseworthy. These are the cases that call for quick decision, skillful manipulation and careful watching. Probably no case ever brought before you seemed more unpromising than this; a broken, emaciated man, riddled with abscesses, weak from discharge and unnerved with the length and intensity of his suffering. Now, pressure upon his supra-pulvic region gives no pain; before the operation he could scarcely bear the pressure of a finger. No urine escapes to-day through the openings in his rectum, but all the water passes through my opening in his perineum.

This operation was originally suggested by Manzoni, of Verona, early in the present century. Allarton's operation for stone consists in making an incision through the raphé of the perineum, six lines above the verge of the anus, down upon a curved staff with a central groove, the staff being hooked against the pulvic symphysis. The knife, after having reached the staff, is carried toward the bladder, but not into it, when it is withdrawn, enlarging, as it retraces its course, the external opening toward the scrotum, so as to make it altogether from an inch to an inch and a half in length. The operator then

introduces a probe into the bladder, and expands the wound with his finger.

Perineal section is nothing less than the division of the stricture by an external incision, extending down through the urethra, and embracing the whole of the coarctated surface. The method was decried by Mr. Syme, of Edinburgh. The patient is placed in the same position as in operation for stone. A Syme's staff, which simplifies the procedure, is then introduced, and the incision is made in the middle line of the perineum. The knife is plunged into the groove of the staff, and the indurated and contracted tissues cut through their entire extent. In the button-hole operation the sound is introduced to the seat of stricture, and the knife is plunged in at the first stroke to a considerable depth, and then, by successive touches, the parts covering the stricture are divided. Feeling for the end of the staff, the point of the instrument is inserted into the contracted part, which is freely cut in a direction from before backward. After this the case is managed to all intents and purposes as one of lithotomy.

Keloid.

And now, gentlemen, after consultation with my colleagues, they agreeing, I have determined to operate to-day upon the mass of keloid which encircles the neck of this man, and with whose history you are all familiar. [This case is fully reported in previous numbers of THE REPORTER.—T.] But before my assistant, Dr. Spencer, administers chloroform, I want an understanding between the patient and myself; and between us both and the class.

[Dr. Maury then told the negro of the magnitude of the operation, the surety of the recurrence of the tumor, and asked, if, in view of this, he wanted the operation performed, to which the patient gave an audible and emphatic assent. Everything in the shape of styptics, ligatures, cauteries, acupressure pins, etc., being in readiness, with the assistance of Drs. Brinton, Pancoast and Allen, Dr. Maury proceeded to operate. The point of commencement was the interval between the constricting mass that existed upon the back and median line of the neck. The mass being lifted with a tooth-pointed and long-bladed pair of forceps, the operator quickly dissected away, down to the superficial fascia, the abnormal growth, all hemorrhage in the meantime being controlled simply by the pressure of the fingers of the assistants. After removing about a third of the growth, the hemorrhage being very free, the attached portion of the dissected mass was encircled and strangulated by the chain of the céraseur. The bleeding vessels were then ligated and the whole of the oozing surface seared with the actual cautery. The patient having suffered severely from the shock, and there being a large area of raw surface, it was deemed advisable to stop here and renew the operation when occasion and the condition of the patient favored. —R. M. T.]

UNIVERSITY OF PENNSYLVANIA.

Clinic of D. HAYES AGNEW, M. D., Professor of Clinic and Operative Surgery.

[REPORTED BY DE F. WILLARD, M. D.]

Encephaloid of Tarsu.—Amputation of Leg.

GENTLEMEN: I present to you this young man, æt. 19 years, who is suffering with a serious disease of the foot—an encephaloid cancer.

His history gives no evidence of any constitutional or acquired taint, either of tuberculosis, cancer or syphilis, and he was in perfect health until some 16 months since. His occupation has been that of a tobacconist, which probably has had no influence in the causation of such a disease. In June, '69, he received an injury of the ankle from a falling body, and recovered in good time, but noticed a slight continuing uneasiness in that region, until a few months later, when he was the recipient of another injury, after which time he was never able to walk with the same ease and comfort as in health. In a short time he noticed a small projection upon the side of the tarsus, which slowly increased in size, but was never the seat of any severe pain until January last, when it suddenly enlarged and became a little painful, and in the last three months it has grown with alarming rapidity, and is now the seat of so much pain that he is unable to endure the weight of his body, and is obliged to resort to crutches.

Upon looking at this tumor you will see that it involves the entire circumference of the tarsus, being 15 inches at its largest portion; that it is of a dark, unhealthy color; that in one place it shows evidences of speedy ulceration, and that it has large, dark veins coursing over its surface. Upon pressure it gives at first the distinct feeling of firmness to the hand, but yields upon the exercise of a little more strength, and is soft and fluctuating. From all these facts then, as well as from the presence of pain, and especially from its rapid growth, I am confident that it is an encephaloid, or soft cancer—medullary cancer, or fungus hæmatodes, as sometimes called, though the latter name is more properly applied to the open ulcerated stage of the disease.

This man's health has not been greatly impaired as yet, although he is somewhat pale and feeble, and we may hope, by the removal of this mass, to prolong his life for a considerable time.

In regard to the cause of this difficulty, we know that the local injury above alluded to was but the immediate cause of explosion, as it were, of what was already lurking, though unperceived, in the constitution,—a tendency to its production,—and this being the case, we know that that same predisposition will reproduce the disease at some future time, but we may hope to add many months, and possibly years, to the life of the patient; beside re-

lieving him from the disgusting existence which he must lead when this mass ulcerates and sloughs,—the odor being sometimes so offensive as even to drive friends from the room.

Our diagnosis in this instance is quite certain from all the facts of the case, but it has happened that encephaloid cancers have been laid open under supposition that they were abscesses, and again, abscesses have been mistaken for encephaloid. An exploring needle would have easily decided the question.

In the removal of these growths we should operate early, before the health is broken down, otherwise our interference will be of no benefit, but may actually hasten the fatal result.

In removing this tumor I shall amputate at the middle third of the leg, in order to be well above all the unhealthy tissue, and thus render a return of the disease in the cicatrix less likely to occur. In this situation I prefer the method of making oval skin-flaps, which are dissected back to the common angle, after which the muscles are divided by a circular cut of the knife. By this means we avoid the heavy mass which occurs in muscular flap amputations, and the spine of the tibia is less likely to be protruded through the flap by the weight of the stump.

In the application of the tourniquet upon the femoral, do not neglect to drain the limb of all the blood possible, especially where its saving is as essential as in the present case. In addition to the tourniquet, it is always well to have the thumb of an assistant upon the femoral as it passes over the pubic bone.

[The amputation was then performed, the flaps being made simply of skin and subcutaneous connective tissue with its fat; the muscles were divided by a circular incision; the interosseous tissues severed by a catline, and a three-tailed retractor employed to keep the structures from the saw. Silk ligatures were applied to the arteries, and warm water freely used to invite the hemorrhage. After all oozing had ceased, the wound was closed by silver sutures, and a simple dressing of water and laudanum, covered by waxed paper and retained by a recurrent bandage, was applied. The ligatures all came away by the sixth day, and in three weeks the man was discharged from the wards, the wound having united throughout its entire extent.—De F. W.]

Hemorrhoids.

The next patient is a man who has been suffering for many years with a very common, yet painful and troublesome complaint—internal hemorrhoids or piles—and he informs me that he suffers greatly after evacuation of his bowels, and that at such times he often loses three gills of blood by hemorrhage. This amount is probably exaggerated, but we can see by his exsanguine, pallid appearance, and by his nervous, trembling manner, that he has undoubtedly been seriously drained, and that his health requires this drain to be checked.

As I expose the part you will see projecting from the anus several dark masses, almost as dark as grapes, which present somewhat an appearance of malignancy, yet were you to examine him a few hours after stool you would find that they had entirely disappeared—they are but masses of congested mucous membrane.

That we may thoroughly understand the subject of piles, let us consider for a moment what they really are, and to do this we must recall the anatomy of the lower portion of the rectum. You will remember that it is supplied with arteries, veins and nerves, all called hemorrhoidal; the former derived from the internal pubic, the veins forming the hemorrhoidal plexus and the nerves from the sacral plexus. The veins are the vessels with which we have to deal at present. They are a part of the portal system, being branches of the inferior mesenteric, but they also inosculate with those of the internal iliac, thus establishing a communication between the portal and general venous systems, and like the other veins of the abdomen, are not provided with valves, hence, whenever any pressure is brought to bear upon them they must either dilate or be ruptured. This pressure is often brought about by the violent straining at stool, as a result of constipation, a complaint with which so many people are afflicted; or it may be caused by a pregnant uterus interfering with circulation, or by sedentary habits, etc., etc.

Of these tumors we have two varieties, the external and internal hemorrhoids. The former may be defined as a tumor covered with skin, and filled with the results of an escape of blood from a ruptured vein into the connective tissue. The consistency of these contents will depend upon the time which has elapsed since the rupture took place, that is, if we should lay open this tumor, soon after the occurrence of such an accident, we should find it simply filled with a clot of blood, but in process of time this clot would become organized, and we should then find not a clot, but a cyst filled with fibrous tissue. This explanation then may reconcile the different views which you will find expressed by different teachers,—the contents will be varied according to the time at which the examination is made.

An internal hemorrhoid is a tumor covered by mucous membrane, and has for its contents a congeries of dilated veins and arteries—it is a vascular tumor—a sort of aneurism by anastomosis; and when we have hemorrhages from these masses it is due to an ulceration of the mucous membrane, and in these cases we may have sufficient loss of blood

at each evacuation to seriously impair the health of the patient, as seen in the case before us. Even when these masses cannot be seen, and although there has been no hemorrhage, yet our diagnosis is usually certain, since they can be protruded by causing the person to strain while seated over a vessel of hot water, or can be felt within the rectum by the inserted finger. The feeling occasioned by their presence also gives the impression of a foreign body in the rectum, and there is more or less pain at each evacuation. You must not confound piles with fissure.

Fissure of the anus is a linear ulceration just where the skin merges into mucous membrane, similar to the cracks upon the lips and fingers, and is characterized by pain at the time of the evacuation, and followed in about an hour by a most violent burning sensation, often likened to the introduction of a hot iron into the anus; and this pain will increase in intensity perhaps for hours, until gradually it subsides, and by the following morning has entirely passed away, again to occur at the next passage from the bowels, causing the sufferer to dread the approach of such an operation. These symptoms, then, you cannot confound with hemorrhoid.

Internal piles may become elongated by distension of the submucous connective tissue until they protrude from the anus, and in this condition they may be spasmodically caught by the spincter ani, and be strangulated even to sloughing, unless restored. For the cure of hemorrhoids we should always keep the bowels in a soluble condition and use large injections in order that there may be no straining at stool from impacted fæces, while the patient should be instructed to "wire-draw" his passages, as it were, *i. e.*, not quickly to evacuate the entire contents of the rectum by one expulsive effort, but to allow them to make their escape gradually and in narrow ribbons.

We may add to this, injections of an anodyne or astringent character, as palliatives, or simply cold water, in cases of hemorrhage, or we may use ointments or suppositories for a like purpose. When the tumors become painful from the irritation of walking, a cloth saturated in lead water and laudanum will give great relief; but the one remedy above all others which will give the greatest relief is *lime water* thrown into the rectum to the amount of three or four tablespoonfuls, and allowed to remain after each evacuation. This often gives speedy comfort, and I may say that I believe it will effect an entire cure in some cases without any operative interference. In many cases, however, we shall be obliged to resort to a radical cure, that of destroying the tumors, and this should always be recommended when other remedies fail, since patients should not be permitted to go on suffering all their lives.

This was formerly accomplished by the use of the knife or by caustics; but the former is extremely dangerous on account of the attending hemorrhage, and the latter is not as good as the use of the ligature.

In the case before us we shall employ strangulation by a ligature. This may be done by encircling the tumors as a mass, but I prefer the method of passing a needle armed with a double ligature through the base of each, and thus tying them in two portions, while they are held down by a tenaculum. As I reach those nearest the verge of the anus, I shall first incise the skin about their base before applying the ligature, since the patient will thus be saved the future pain attendant upon the slow cutting process of the cord through the dense dermal tissue.

The tumors may easily be exposed by allowing the patient, just previous to the operation, to strain over a vessel of hot water. This treatment I consider infinitely better than the ecrazeur.

The practice of making an incision into the tumor after the ligatures are applied is unwise, since the cord is loosened by the consequent drain, thus defeating our object, and sometimes giving origin to an extensive hemorrhage.

[The patient being etherized, the strangulation was effected by strong silk ligatures. After the operation the patient was put to bed, and 50 drops of tinct. opii. given by injection. The bowels will be kept in a quiescent condition until the sloughs have separated, after which some castor oil, followed, if necessary, by a mucilaginous injection will be given in order to open the bowels.—De F. W.]

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Wednesday, October 19, 1870.

Clinic on Diseases of Children, by Prof. Jacobi.

Cyanosis.

Girl, æt. 7 months. This child has, since her birth had a blue appearance, much intensified when crying or coughing.

The cause of cyanosis is not, as has been supposed, due to a mixture of arterial and venous blood, but to obstruction of the return circulation. The skin and mucous membranes are supplied to a great extent by cappillaries and veins, and when engorgement takes place we have the changed appearance.

The foramen ovale is usually open for the first ten days of infantile life, yet there is no cyanosis. In many cases it never closes, and still no cyanotic hue. This fact has been proved post-mortem, and it has been elucidated in the same manner that in 21 cases there was perforation of the septem of the ventricles, and even then there was no mixture of the arterial and venous currents. This will readily be understood when the contractions of the heart are con-

sidered. If, however, there is hypertrophy of one side, we might expect to find a mixture.

There is one condition and only one in which this occurs, and that is when the septum separating the *aorta* and *pulmonary* artery—where one rides on the other—is imperfect, and the contents of one vessel of necessity is mixed slightly with the other; but even then I do not think that cyanosis would be produced, for if you mix arterial and venous blood together in a bowl the change in color is not very decided.

Endocarditis has been detected as early as the third month of uterine life, with the characteristic lesions, which are more severe than in adults. The pulmonary artery has been noticed as a fibrous cord in a number of cases. Stenosis is another and more frequent cause, but as was before stated, any obstruction may act as a cause.

Scoliosis.

Girl, æt. 11 months. This child comes to the clinique ailing for three months. There is swelling of the abdomen, which is nothing more than tympanitic. On examining the back, however, we find a double curved line like an elongated *S*. If it were a simple curve it would indicate disease of the vertebræ, but the cause of the present condition is the muscles. In infancy, when the child is carried on one arm it looks to one side continually, and also at school when children use poorly designed desks a similar condition is induced. It is due to unequal exercise of the muscles, and is remedied by a species of gymnastics which will bring into use the ffected muscles, also, by sponging and shampooning, electricity, and everything tending to excite them and restore their lost functions.

DISEASES OF WOMEN.

Friday, October 21, 1870.

Clinic of Prof. T. G. Thomas.

Ovarian Tumor.

Ellen T., æt. 28; single. Seven months ago noticed that her abdomen was beginning to swell, and has continued to do so up to the present time. Prof. Thomas said the first thing it must be differentiated from is

Pregnancy.—By palpation we get fluctuation. The uterine sound has been carried up to the fundus, and the uterus is unimpregnated.

Tympanitis.—Only the other day I had a patient from Canada with a tumor in the abdomen, but upon percussion it was resonant. This case before you gives a flat percussion sound, as you perceive.

Fibroid.—In fibroid simply there is no fluctuation; here it is well marked

Ascites.—In ascites the intestines float on the surface of the fluid, but in this case you cannot detect the intestinal resonance.

Obesity.—Cases of this class occur where there is an exceeding large disposit over the abdomen, one of which came to me to-day. In obesity, however, you can grasp the integument and adipose tissue together.

Enlarged Spleen coming on from malarial poisoning. The edges of the spleen can be felt usually with ease.

Hydatids of Abdomen.—These are rare, but almost impossible to exclude.

Malignant Disease.—If it is colloid in character it is not so fluid and can not readily be obtained by either the hypodermic syringe or exploring needle. Finally,

Cystic Tumor is what it is in all probability. When it is punctured by the hypodermic syringe a fluid is readily obtained. By palpation it is found to be in some parts hard, in others soft, and the inference is that we have one of the multilocular form.

I think that the present case is a most desirable one for operation, and next Thursday I propose to operate. It would be impossible to do it before the class, and at the same time give the patient a fair chance; so of necessity we must go to her own house. At the next clinic the case will be reported upon.

Inversion.

Mrs. C., the patient on whom an operation was performed for closure of the cervix, was here to-day to report she is doing well.

Pelvic Peritonitis.

Mrs. C. Stenk, æt. 29; married eight years. Last Christmas was seized with cramps in the stomach and had great difficulty in passing her water. Since that, has never been well. Her courses are sometimes copious and again not. There is much pain in her *stomach* and in the small of her back when she is about to be unwell. Physical examination shows much sensibility in both broad ligaments accompanied by fixation of all the pelvic viscera. The sensation conveyed to the finger is as if melted wax or tallow had been pounded into the pelvis and had there hardened. The uterus is anteverted and bound down, and in this manner may be accounted the dysmenorrhœa and urinary troubles. I fear to break up the adhesions to replace the organs. This was done to Mrs. C., (the patient with inversion), and we nearly lost her by peritonitis. I should advise a blister to be placed over the abdomen once every fortnight. At first patient will in all probability be dissatisfied, but from the relief that results she will be anxious for the next one.

Medical Societies

NEW YORK PATHOLOGICAL SOCIETY.

October 26, 1870.

Uterus with Concealed Hemorrhage.

Dr. Finell presented a uterus taken from a woman in the 8th month. She was taken with labor pains slight in degree, and six hours after they grew more severe, when the physician was sent for. When he arrived bleeding was very profuse, and shortly after patient died.

Autopsy showed the placenta detached and a large clot over the entire fœtus. In this case not only was the hemorrhage internal, but it was also external. An examination of the specimens showed the placental attachment to have been at fundus; the patient had not received any injury whatever.

Ossification in the Eye-ball.

Dr. Knapp showed a specimen in which there was bony formation in the capillary layer of the choroid. This was the seventh specimen of the class that he has seen.

Rare Cardiac Complication in Phthisis.

Dr. Loomis gave the history of a man, æt. 28, who died yesterday in Bellevue Hospital from phthisis. A large cavity was discovered contiguous with the pericardium. The heart was displaced downward. On auscultation a sound was heard with the action of the heart, closely resembling the noise of a piston. The specimens were shown verifying the diagnosis.

Three theories were put forward to account for this rare sound: 1. That it was due to the contraction of the heart forcing out some of the contained air. This was Dr. Loomis' view. 2. That the action of the heart brought the two sides of the cavity together. 3. That it was a pleuritic friction sound conveyed through the cavity.

Dr. Flint saw the case, but did not entirely agree with Dr. Loomis. Dr. Jacobi thought it resulted from friction sound.

Rupture of Aorta.

Dr. E. G. Janeway presented the specimens from a man who had suddenly died whilst eating his dinner. On examination the pericardium was found full of blood, with a linear rupture of the aorta at its lower portion. The aorta was barely enlarged in its calibre at this point, but showed signs of chronic arteritis.

Aneurism of the Aorta—Operation.

Dr Buck presented the specimens and gave the history of the following case: Two months ago patient showed aneurismal tumor at a point near the sterno clavicular junction, with dyspnœa and impaired deglutition. During the last seven days symptoms grew much worse. By the consent of the other visiting surgeons of St. Luke's Hospital, a needle was threaded with silk and carried into the sac and out again, one-half inch from the entrance. A second needle was passed through, parallel to the first, and about an inch from it. That evening not much change was noticed. Next day an erysipelatous blush made its appearance; on the next phlegmonous erysipelas. Shortly the patient died, and at the autopsy a coagulum was found in the sac, but imperfect. Dr. Buck was of the opinion that the operation may have accelerated his death, but if so, it was but trifling, inasmuch as the dyspnœa was excessive.

Editorial Department.

Periscope.

European Treatment of Wounds.

Those of our readers formerly in "the service," will read with interest the following notes of Dr. Geissé to the *British Medical Journal:*

I will endeavor to give you a general account of the kind of wounds treated in the hospitals situated at a distance from the localities where war is raging. You will perhaps be astonished to find that very severely wounded soldiers were conveyed so far. The murderous battles fought round Metz and Sedan, after which most of the French wounded fell into the hands of the Germans, made it imperative to remove large numbers of wounded as quickly as possible. I have seen soldiers shot through the head, lungs, pelvis and joints, who came after a five days' journey into our hospitals. During the first thirty-six hours they were driven on common carts; they then had to remain during a rainy night in the open air near the railway station before the luggage-vans were ready to receive them. They were laid on plain straw, covered with their cloaks, and sent off. I have not seen one who was the worse for his journey. One large battle being fought after another, I am fully convinced that it was by far the best thing to transport as many wounded as possible far away into good hospitals, where airy rooms, good beds, excellent nursing, and plenty of surgical help united to save as many lives as possible. History has never known such carnage as the present

war shows. The war of 1866. is considered child's play in comparison with the butcheries now passing under our eyes. I have seen Saarbrücken after the battle of Spicheren, and know the bad effects on the wounded of an overcrowding, which was actually unavoidable, because there were not railway carriages enough to move all who could have been moved. At the larger stations, the wounds were dressed, the wounded refreshed, and they went on to their destinations. On arrival in the hospitals, they were washed and put to bed—a great many for the first time for a month. The poor wounded fellows called this a luxury. Neither opium nor chloral was wanted the first night; the great fatigue was a splendid hypnotic. Most of the wounds were caused by the Chassepôt and the needle-gun; of sabre or bayonet wounds I have seen only very few. The weight of a Chassepôt ball is three-quarters of an ounce; the weight of the ball of the needle-gun is an ounce and a quarter. The wounds caused by the Chassepôt balls are smaller than those caused by the Prussian rifles. The latter shivers the bone to a greater extent than the former; the difference of form explains this sufficiently, the Chassepôt bullet being nearly cylindrical, and the Prussian somewhat egg-shaped. The material for dressing the wounds in general use is charpie, which perhaps is inferior to the excellent English lint, but much cheaper, because it is given gratis in a quantity which would be sufficient for a thirty years' war. For cleaning the wounds the "*irrigateur* of Esmarch" is used in all hospitals. The water used is generally warm; and to it is added a little carbolic acid or a solution of hypermanganate of potash. To clean deep wounds sufficiently we insert the caoutchouc points of Windler, which are very flexible and soft, and into which the point of the tube fastened to the *irrigateur* enters easily. Sponges are never used for the cleaning of wounds. After the wounds are well cleaned with the *irrigateur*, we dry them well with clean charpie, and then cover them with charpie moistened with carbolic acid solution; a compress fastened by a linen bandage finishes the dressing. Charpie and compresses are never used twice; the bandages are washed in a solution of chloride of zinc. In most cases one dressing in twenty-four hours is quite sufficient; a gun-shot-wound is always combined with contusion, and as such is not to be disturbed too often. To ease the flow of the secretions, a suitable position, drainage, incisions, etc., are properly applied. When the parts surrounding a wound are inflamed, tender and swollen, I use cold water dressings in preference to any kind of poultices; they are always at hand, are clean, and have at least as good an effect as cataplasms, if not better. Great care is bestowed on good diet. "La diète est une arme meurtrière," says Follin. I do not think that I recommend anything new in advising, not an antiphlogistic, but a restorative, diet for nearly all the wounded soldiers who are exhausted for want of food, fatigue, mental shock, and bodily suffering, as well as by great losses of blood. Under this treatment wounds do well, and far better than when smeared over with all kinds of plaster, lotions, embrocations, etc. Caustics are not often necessary when carbolic acid is applied; in a few cases, where granulations grew too exuberantly and had a pale watery look, an energetic application of quicklime mixed with vegetable charcoal made a satisfactory change.

Reviews and Book Notices.

NOTES ON BOOKS.

There is, as we might naturally expect, a marked falling off in continental medical literature. In glancing over the recent monthly reports of the Leipzic publishers, we notice very few French, and not many German, professional works. The war gives surgeons and physicians too much to do to allow them time for composition.

The first number of the *Photographic Review* of *Medicine and Surgery* is on our table. It contains very excellent photographs and descriptions of four cases, namely, multilocular hydatid tumor, meningocele, horny tumors, and keloid tumor. A few pages of text (ten in all) accompany the photographs. The plan is an excellent one, and should be supported. The editors, Drs. F. F. Maury and L. A. Duhring say: "It is our intention to select the most striking cases from those presented, whose salient points will admit of the clearest representation. The coöperation of the different gentlemen connected with our large hospitals has been secured, and we feel confident that material will not be wanting." The *Photographic Review* is published by J. B. Lippincott & Co. every two months, at $6.00 a year.

From Dr. W. T. Renz, of Wildbad, we have received a pamphlet, with lithographic illustration of his plan of treatment of gunshot fracture of the thigh. (*Die Spreizlade, ein praktischer Verband für Schuss-fracture des Ober-schenkels, pp.* 14.) His plan appears simple, and worthy of careful testing in military hospitals.

D. Van Nostrand, New York, has published a second edition of "Three Years in the Sixth Corps," by George T. Stevens, Surgeon of the Seventy-seventh New York Volunteers. This volume contains a concise narrative of the events in the Army of the Potomac from 1861 to the close of the Rebellion, in April, 1865. There are also given numerous wood engravings, besides six steel portraits.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 12, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.

HOW TO SAVE MONEY!

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the REPORTER from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

☞ *The Cash must always accompany the order.*

1. By taking all our serials, REPORTER, COMPENDIUM and POCKET RECORD, at $3 in advance.

2. By paying for the REPORTER 2 *years* in advance, $9, or 3 *years* in advance, $12, etc.

3. By sending *new subscribers*, and retaining $1 on each new name paying one year ($5.00) in advance.

4. By ordering *all their periodical literature* through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent. on orders above $50, and 10 per cent. on orders above $100.

6. To new subscribers remitting directly to us, we propose hereafter to allow the same amount usually allowed to agents as commissions, and credit them 15 *months'* subscription for $5.

III. As a low-priced literature can only be sustained on the principle of CASH PAYMENTS, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be surprised if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the CASH IN HAND, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

THE EMPLOYMENT OF MEDICAL EXPERTS.

Last week we called attention to the difficulties which coroner's juries often experience in understanding correct explanations of injuries and other causes of sudden death. We recommended that if the average American citizen, who serves on inquests, is not sufficiently intelligent to understand such explanations, municipal governments had better employ somebody who is equal to the emergency.

Another branch of this general subject is that which relates to the evidence of medical experts, as such, before juries. In the meeting of the American Association for the Advancement of Social Science, which took place in this city last week, this was about the only topic of professional interest touched upon, somewhat to our surprise, as we regard social science as very deeply interested in a vast number of questions which form part of a physician's studies.

The paper we refer to was read by Dr. Isaac Ray, of this city, and we will give an abstract of his principal points:

He said that, in the case of experts, in order to promote the ends of justice, it becomes necessary sometimes to obtain their opinions rather than any facts which may come within their notice, because it is not the facts, but the inference to be drawn from them, that is desirable to be known. Experts are often reproached for differing with one another as to the significance of the same facts. Discrepancy of opinion, then, is found in the very nature of things. The function of the expert is to tell us the signification of certain facts that have appeared in evidence. He has made that class of facts his particular study. He has enjoyed opportunities for seeing them displayed on a large scale, and under circumstances peculiarly favorable to observation. He is thus enabled to see behind the visible appearance a law or principle, or body of truth.

It has been seriously urged as an argument against skilled testimony, that it has the effect of confusing and distracting the minds of the jury at the very moment when they need to be self-confident and sure. If this is a sufficient reason for excluding such testimony, it may be urged with equal force against the admission of ordinary testimony, in which the discrepancies are a fruitful source of embarrassment to the court and jury. And with a stronger force it may be urged against the addresses of counsel, the very purpose of which half the time is to distract and puzzle the jury. Yet it was considered a great advance on the side of humanity in England when counsel were allowed to speak for the accused in criminal trials. It is not one of the privileges of a jury to have the formation of their verdict made easy, but it is very properly the privilege of the accused to have whatever may enure to his benefit brought to the knowledge of the jury.

The evidence of one expert may bear upon the point in issue very differently from that of another expert without its being necessarily contradictory.

What is an apparent contradiction may be found on a closer inspection to be merely supplementary, however it may affect the aspects of the case. It becomes a question, for instance, whether certain stains are made by blood. On the score of certain chemical tests, they are pronounced to be blood, and the conclusion may be of the highest importance to the party concerned. But another expert, who has been making microscopic researches on the blood, is satisfied that the stains in question are made by the blood of some inferior animal. The practical effect of the latter conclusion is to destroy the force of the other; but there is really no contradiction between them. The one is merely the complement of the other—indicating, not error, nor deception, nor superficial attainment, but simply the progress of knowledge.

Here again comes in the so common ignorance of juries; but in this instance we must, in the present condition of legal procedures, trust that they can be made to understand the seeming contradictions which they hear. The people must also learn that what are called the inductive sciences, to which chemistry, microscopy, and pathology belong, are not exact, and inferences amounting to a moral, but not a mathematical certainty can alone be drawn.

Physicians should take greater pains to bring such important reforms to the consideration of extra-professional bodies, such as the Social Science Association, as they can thus accomplish much more than by discussions wholly within medical circles.

Notes and Comments.

A Query in Osteology.

A New York medical periodical says that Prof. GOLDWIN SMITH has received a skeleton from an old tumulus in England, which proves that our remote ancestors were "Celtic as much as Saxon." Will that journal please inform us what is the difference between a Saxon and a Celtic skeleton?

Guarana.

This new remedy is prepared from the fruit of the *Paullinia sorbilis*, a climbing plant growing in Brazil and Uruguay. It is prepared and sold in powders by Grimault & Cie, each powder forming one dose. E. FOUGERA, of New York, is the agent in this country.

The diseases in which it is particularly recommended are those arising from disturbances of the alimentary canal, as sick headache, dyspepsias, diarrhœa, dysentery, etc. Grimault's circular goes so far as to call it "a certain cure for the complaints above enumerated," which we must take with due allowance for commercial enthusiasm. It is, however, unquestionably an important addition to our materia medica, and we hope some of our readers will give it a trial and report to us their experience.

A New Indian Remedy.

A very favorable opinion is expressed by one of the graduates of the Grant Medical College, Bombay, Mr. N. DAJI, of the medicinal properties of the *Ailantus excelsa*, a plant belonging to the order *Simarubaceæ*. Mr. Daji has given it largely with success, in the form of an infusion, decoction, or tincture of the bark, in dyspepsia, anorexia, and torpid states of the digestive organs, under circumstances in which gentian and quassia are exhibited, and more especially in those cases of dyspepsia that follow fevers, such as are attended with muscular and nervous relaxation and constipation. The active principle, or ailantic acid, is said by Mr. Daji to have the power of increasing the flow of bile to a marked extent in those cases in which it is deficient. The remedy has been cursorily referred to by Indian writers, but has never been fairly tried as a medicine.

Hints on Sanitary Architecture.

That efficient public officer, Dr. THOS. M. LOGAN, Secretary of the California State Board of Health, in a recent report to the Board has these remarks on the construction and care of public institutions:

A hospital or prison floor should never be scoured. A very good floor for such buildings is that used in Berlin, which is oiled, lackered and polished so as to resemble French polish. It is wet and dry-rubbed every morning, which removes the dust. Both processes render the floor non-absorbent—both processes do away with the necessity of scouring altogether. The reason why frequent scouring with water is hurtful is because the subsequent evaporation carries up organic matter, and erysipelas and other diseases have been proved to have been thus rendered frequent. The next defect to which I would call your attention is found in the rough plank and brick walls surrounding the cells. These have been whitewashed; but to be effective for the removal of carbonic acid, this must be renewed at least every three or four weeks, and I am doubtful if that gas is the most noxious constituent of foul air. Ordinary plastered walls become in a few days loaded, as experience has shown, with deleterious organic matter most abundantly. What is wanted is an impervious material, capable of receiving a polish on a white or tinted surface, that can be washed frequently with soap and water, without its being absorbed into the substance. The iron walls and ceilings of the cells, if properly painted and varnished, will meet all the requisitions in this respect.

New Treatment of Heterologous Tumors.

The Boston *Journal of Chemistry*, speaking of Dr. DANIEL LEASURE'S account of his treatment of a malignant tumor by intra-tissular injections of chromic acid, described in the REPORTER June 18th, 1870, says: "The use of chromic acid in this manner is new. Acetic acid was suggested by Dr. BROADBENT, but with unsatisfactory results. We look on Dr. Leasure's report with the greatest interest, deeming the action of chemical substances on living heterologous tissues a subject yet unexplored, still of very great promise of usefulness."

Drugging Liquor.

We have always entertained some doubts of the excuses so often made "that the liquor was drugged." We came to regard it as one of the excuses for having been drunk. The London *Medical Press and Circular* now says, it is done by adding "a tolerable dose" (?) of snuff to the liquor, which produces "great depression, nausea, and inability to move." We doubt very much whether any other symptoms would follow than ordinary tobacco nausea, nor do we know of any drug which would produce the immediate yet temporary insensibility which is popularly supposed to follow the use of drugged liquor.

Correspondence.

DOMESTIC.

More About "Those Worms."

EDS. MED. & SURG. REPORTER:

In your issue of September 3, 1870, my attention was attracted by the heading of a letter written by Dr. LYNCH. "A Preventive of Hydrophobia." Such a preventive, I thought, must be something new, and began reading it with much eagerness; but before I had read far, I discovered it was the same preventive I had seen practiced when a boy of twelve years, but with the extraction of an additional worm—the tail worm. Since then I find another letter on the same subject, written by Elliott Coues, in the REPORTER of September 24th, in which he almost scouts the idea of such a preventive being possible.

In the summer of 1857, the people of Adams county, Illinois, were very much annoyed and endangered by the number of rabid dogs. In the neighborhood of Stones' Prairie there lived an old gentleman by the name of Erastus Ames, who owned a large dog which he put on the track of a rabid dog for the purpose of having him catch and hold the dog until some one might come and kill him, which he did. Some men seeing this, marveled at the thought of a man sending his own dog to be bitten by a rabid dog, and thus bring hydrophobia to his own door. But the old man told them to fear not, that his dog would not go mad, for he had been "wormed." This was a new word and altogether a new thing to them; and to illustrate what he meant, Mr. A. told them to catch one of their dogs, which they did. Mr. A. then put a piece of timber in the dog's mouth and had it held there while he grasped the tongue and made an incision into the papilla which exposed the "worm;" then taking a common crooked sewing awl, he hooked it under the worm (for worm I must call it), and pulled out one end, then with a piece of muslin between his fingers to prevent slipping, pulled the worm out whole. This completed the operation; no dressing was required he said. He did not take any worm from the tail, or say there was one there. This new idea created not a little curiosity and astonishment in the neighborhood, and people came in from every direction to have their dogs "wormed."

I took two and had them operated upon, neither of which ever went mad; nor did any other which I knew to be operated upon. And to my knowledge three of them were bitten by a rabid dog, which also bit hogs which went mad, and the same dog bit a dog in the neighborhood which was owned by an old gentleman by the name of Stratten, who had refused to have his dog operated upon, for which he afterward was very sorry; for the dog went mad and bit some of his hogs, which also went mad.

Mr. Ames said he had operated upon more than one hundred dogs in his time, and had never known one to go mad. He stated that his dog had been fighting rabid dogs more or less for seven years, and had never shown any signs of hydrophobia. Mr. Ames now lives in Quincy, Illinois, and if any are curious, they may write him.

The worms which I saw taken out were nearly an inch in length, and tapered from the middle to a point at each end. I do not know what else to call it, but a worm; for it is perfect within itself, not attached to anything, and looks more like a worm than anything with which it can be compared. But no matter whether it be a worm or not, it is there, and for what purpose is the mystery with me. It does not aid in lapping, for the dogs lap as well without it as with it. Nor does it effect the sound or tone of the dog in barking. I am not in the habit of believing old fogyisms nor any other isms, unless there is good reason for them. But I am forced from observations to believe that there does exist some relation between this worm in a dog's tongue and hydrophobia. The tongue of a rabid dog is swollen and dark colored from the start. Now why the swollen tongue? Why that poisonous saliva dribbling from the tongue? Why do not dogs go mad which have this

worm taken out? I leave the matter, hoping to hear from others who have investigated it more closely. I hope there are no more who, like Dr. Coues, think it beneath their dignity to investigate a matter of so much importance.

I remain truly yours,

JAS. BAKER, M. D.

New Philadelphia, Illinois, October 17, 1870.

Some Remarks on the Origin of Fibrin.

EDS. MED. AND SURG. REPORTER:

The conclusions which have been drawn by Alexander Schmidt from the mixture of serous fluids, and his remarkable views concerning fibrin formation, seem to have been made on an insufficient foundation. He most certainly has proved that when blood serum is added to inflammatory exudations, coagulation takes place spontaneously, but he has not demonstrated the absence of fibrin in such effusions by whipping or otherwise. In these exudations spontaneous coagulation is always tardy, but the very fact of its occurrence proves that fibrin is present. Smee produced fibrin from a solution of egg albumen, by exposing it to a current of oxygen gas, and recent investigations confirm the statement that fibrin is merely oxydized albumen. (Kirke's Physiology, 7th Ed., p. 23.)

Besides this, the connection of the manner of blood coagulation with the vitality of the system, and the fact that this change only occurs in the blood, chyle, lymph, and vegetable latex, all seem to point to a living agency by which albumen alone can be oxidized, or converted into fibrin. The only living agent with which we are acquainted is the germinal matter or bioplasm of Dr. Beale, and we must therefore accept his opinion, so ably set forth in his work "On the Structure and Growth of Tissue," and also in the "Archives of Medicine," that "fibrin is the formed material of the white corpuscles."

LOUIS S. STILLÉ, Esq.,
1500 Walnut street, Philadelphia.

NEWS AND MISCELLANY.

Women as Physicians in Sweden.

We are furnished with the following notice by CHARLOTTE YHLEN, a student in the Woman's Medical College of this city:

The Swedish king, Carl the XV., on the third of June last, declared that women may have the right to practice as physicians after giving satisfactory proof of their ability to do so; that the universities of the country are open for them as for men; but that the rector of the university may, however, make such modifications in the instruction as he may find more suitable for women, and that this autumn, and after, there will be opened separate courses in anatomy for those ladies who will commence.

The *Göteborgs Handels och Sjöfasts Tiding*, considered one of the best Swedish newspapers, writes of this as follows: "This action will never be forgotten in the history of our culture in a future; rich, let us hope, in victories for the activity of women. This triumph over centuries of prejudice opens for women just that field of activity to which nature seems to have called them, and in which from all times they have labored; but, heretofore, without the right of law or necessary knowledge. These disadvantages, however, have not always prevented a female healer from gaining confidence among educated people. This reform, as now arranged, seems perfect, as it not only gives to women the same right to practice medicine as men—a right they already possess in several countries, which countries, however, have done nothing to give them the necessary knowledge. But, with boundless liberality, it opens to them an entrance into our medical universities, and arranges a separate course in anatomy, thus removing the only objection to opening the same universities for both sexes."

A New Antiseptic.

We notice in the *Scientific American* that Mr. JOHN GAMGEE, so favorably known for his recent preserving process, has found that the hydrated chloride of aluminum possesses excellent antiseptic properties. It is said to be quite as potent as chloride of zinc and carbolic acid, and is at the same time non-poisonous, and devoid of unpleasant smell. The fact that clay is one of the best disinfectants we have has long been known, but the use of the chloride of aluminum for the same purpose has been probably overlooked in consequence of its not occurring as a waste product in any chemical industry.

Germantown Dispensary and Hospital.

The hospital building located on Shoemaker's Lane, near Chew Street, was formally opened for patients on Saturday, October 15th. The President of the Board of Managers, Dr. JAMES E. RHOADS, making the address. The hospital accommodates but twelve patients, but supplies a long felt want in its beautiful charity, having been entirely constructed and furnished through the liberality of an invalid lady of Germantown, Mrs. P. E. HENRY, and by her handed over to the care and possession of the Board of Managers of the Germantown Dispensary.

The medical staff consists of four attending physicians and four consulting, as follows:

Attending Physicians—Drs. Wm. Darrach, F. L. Leavitt, A. C. Lambdin, A. F. Muller. Consulting

Surgeons—Drs. James Darrach, T. F. Betton. Consulting Physicians.—Drs. R. N. Downs, W. R. Dunton.

Adulteration of Milk.

Dr. A. E. Davies, of the *Chemical News*, endeavors to show that specific gravity cannot be relied upon as an indication of the purity of milk. What is wanted is a test that will prove whether water has or has not been added to the milk. Such a test, he believes, we have in the specific gravity of the serum, or liquid portion of the milk from which the caseine and fat have been removed by coagulating and straining. According to the author, the specific gravity of this liquid, when obtained from genuine milk, is remarkably constant, ranging from 1.026 to 1.028; and by careful ascertaining the specific gravity of the serum of milk that has been diluted with different quantities of water, a useful standard of comparison may be obtained.

Power and Perseverance of the Spider.

An extraordinary instance of the skill, power and perseverence of the common spider is furnished in authentic shape from Knoxville, Tennessee, which is worthy of record for its curiosity in natural history. At Mossy Creek, near Knoxville, a Mr. Johnson, in seeking some article in an unfrequented part of his store, came upon a snake apparently standing bolt upright, yet curiously enough, not touching the floor. Upon examining he found to his amazement that the nest of the reptile was completely encircled by the web of a spider, and that these delicate strands alone held the snake in subjection. He did not disturb the curious group, but sent for a photographer, and when the situation had been transferred by means of a camera he removed the suspended reptile and found it quite vigorous. The vanquisher of the snake (the latter a common black racer about a foot long) was a simple spider, about the size of a common house-fly, and in no way differing from ordinary insects of the class.

New Test for Albumen in the Urine.

Take a mixture of equal measures of acetic acid and phenic (carbolic) acid and make the preliminary test that water produces no cloudiness in it, and add acid, if necessary, until water has no effect. The normal solution is then ready for use, and will then give the reaction for albumen, diluted by 15,000 parts water, whereas nitric acid shows no results beyond 8,000.

Insanity and Poor Diet.

In England and Wales there were, on the first of January, 54,713 persons of unsound mind, under the cognizance of the Lunacy Commissioners. Of these, 48,325 were of the pauper class, and the commissioners report that they are satisfied that in a great majority of cases impaired nutrition is the cause of the malady. Bodily weakness impairs mental health. Of course, upon bodies and minds thus reduced, griefs and perplexities act with most damaging influence. It requires a strong mind to resist difficulty, and the mind sympathizes with the body.

Harvard College.

At a meeting of the board of overseers, held in Boston, Wednesday, October 12, the President of the University presented a vote of the corporation appointing the following lecturers in the medical school for the current academic year, viz.: John E. Tyler, M. D., on medical diseases; Henry W. Williams, M. D., and Hasket Derby, M. D., on ophthalmology; Clarence J. Blake, M. D., on otology; Frederic I. Knight, M. D., on laryngoscopy; George Derby, M. D., on hygiene; and Robert Amory, M. D., on the physiological action of drugs on man and the lower animals,—and the appointments were concurred in by ballot.

Dr. Rolphe.

Dr. John Rolphe, whose death on October 20th has been announced, was born in England in 1786, and at an early age emigrated to the British Canadian provinces. He took an active part in the Canadian insurrection of 1837, against the English government, and in consequence was obliged to fly for refuge to Russia, where he resided for many years. After having obtained an amnesty for his offenses he returned to Canada and commenced the practice of law, but notwithstanding his acknowledged abilities as a lawyer, his political shortcomings interfered with his professional success, and he became a physician and established a medical school at Quebec. Dr. Rolphe was a member of the Canadian Parliament for many years, and was distinguished for his eloquence and his liberal political views.

Cure for the Toothache.

Dr. Henry T. Reynolds, of Baltimore, writes to the editor of the *Medical News* that for eighteen months he has been using acetate of lead as a remedy for toothache. He finds it better than any of the numerous remedies proposed in the books, and in cases in which it is applicable, the relief is instantaneous. He advises the sufferer to apply from one to three grains to the cavity for a moment or two, then spit it out. It fails in fewer cases than any remedy that Dr. Reynolds ever tried, not more than 8 per cent.

QUERIES AND REPLIES.

Diplomas.

Dr. C. W., of Cal.—"I had my certificate burnt in 1867. Can I get another from the same college?" *Ans.* The rules of the college at which you graduated do not permit the dean to issue a duplicate diploma *under any* circumstances. But he is willing to give you a certificate under the official seal, which document will answer all purposes of a diploma.

Spermatorrhea.

MESSRS. EDITORS: Will you, or some of your subscribers, advise me in regard to the following case:

Mr. ——, æt. 28 years; married six years; the father of three children, all living; wife now enciente; asks me to prescribe for spermatorrhea. He tells me that he was addicted to onanism when young, and abandoned it from convictions of duty several years before marriage; nocturnal emissions followed; tried quacks awhile; his minister, to whom he communicated his condition, recommended marriage, with the result above stated. His opinion, that marriage has failed because he has an occasional seminal (nocturnal) emission, is at variance with my views of his case, for he looks well and is doing good work on his farm. But if I tell him so I shall drive him to some mercury charlatan, in all probabilty, and I want to know what to do? Have given potass. bromide at night in aqua camph.; is now taking Horsford's phosphate thrice daily.

MARYLAND, M. D.

REPLY.—Nothing whatever is the matter with the man. Explain to him that such an occasional relief of the seminal secretion is as natural and as harmless as urination. Refuse medicine, recommend cold bathing locally at night; moderate intercouse, and avoidance of anxiety.

OBITUARY.

DEATH OF PROFESSOR MILLER.

Late exchanges bring us news of the death of WILLIAM ALLEN MILLER, D. D., F. R. S., professor of chemistry in King's College, London, an accomplished scientist, author, investigator and teacher. Dr. Miller died of apoplexy, on the 30th ult., at Liverpool, whither he had gone to take part in the proceedings of the British Association. Born at Ipswich, on the 17th of December, 1817, in his 24th year he became assistant to the late Mr. Daniell, professor of chemistry in King's College, London. He was the author of a celebrated and highly esteemed treatise on chemistry, and has contributed in various ways to the progress of science.

HERMANN W. NEWCOMB.

Readers of THE REPORTER will remember the graphic and complete clinical reports furnished its paper by HERMANN W. NEWCOMB. He died in Philadelphia, Nov. 2d, aged only 21 years. His remains were forwarded to his home in Louisville, Ky. He died a victim to his untiring labors and intense enthusiasm in the profession of his choice. The lectures in the Jefferson Medical College were adjourned on the day of his death, and the faculty and students, in a body, visited his remains. Loving hands draped his seat in the college after he died, as they had ministered to the comfort of deceased while he was sick.

The following resolutions, penned by his friend, Dr. RALPH M. TOWNSEND, were unanimously adopted by his class, published in the papers of this and his native city, and engrossed and sent to his family. Truly, "whom the gods love best die young."

Died, in Philadelphia, November 2, 1870, HERMANN W. NEWCOMB, of Louisville, Ky.

His first college course found him an earnest scholar; his second, an enthusiast, and the third, a martyr. Although an under graduate, his knowledge of the broad principles of his profession equaled that of the average of physicians. He grasped intuitively where others failed to understand, and that which he did not immediately comprehend but stimulated his ambition to become its master. From Chaucer to Tennyson and Longellow he made the poets his own, and trod the path of English prose from Fielding to Dickens.

He not only subscribed for and read the current literature of his profession, but contributed liberally to the medical magazines of the day, as will attest the columns of THE MEDICAL AND SURGICAL REPORTER, *Hay's American Journal of the Medical Sciences*, the *New York Journal of Syphilography and Dermatology*, etc. The theories and conclusions he advanced were doubtless derived from older heads; but the voluminous and exhaustive references, the rounded paragraphs, and all the attendant labor were the work of our classmate.

Day found him attending the lectures and assisting in the clinics. Night witnessed his demonstrations in the dissecting room, or in the quietude of his bed-chamber found him gazing through the microscope, or transcribing his day's notes.

Such was Hermann W. Newcomb. And, while we regret that the time which should have been devoted to rest and recuperation was used to drive the yielding framework all the harder, we cannot but admire the enthusiasm and steadfastness of purpose of which he was possessed, though it left him, good soldier that he was, dead at his post; therefore

Resolved, That we have lost a friend and classmate, the fire of whose enthusiasm, the fixedness of whose purpose, and whose untiring labors in the profession of his choice, would have ranked him, had his life been spared, among the illustrious of his calling.

Resolved, That the honesty of purpose, purity of character and high resolve that marked the deceased, lead us to believe that he has but laid down his burden, to take part in a higher and holier comencement than that to which his earthly ambition so steadfastly pointed.

Resolved, That we sorrow at his loss in common with his family, and in offering them our condolence, trust that they may have the faith to rest upon the Arm which alone can sustain in such an hour of affliction.

Resolved, That we, his classmates and students of the college, will wear the usual badge of mourning for thirty days.

MARRIED.

KOCH—WARMAN. On Oct. 31, at Bethlehem, Pa., by Rev. Francis Wolle, Dr. Richard Koch, of this city, and Miss Augusta M. Warman, daughter of Rev. John F. Warman, of Olney, Ill.

MARTIN—JOHNSON. At New Rochelle, N. Y., Oct. 27, by Rev. Dr. Morgan, Rector of Trinity Church, Dr. Wm. Hammel Martin and Miss Susan Bray, daughter of Theodore T. Johnson, esq., all of that place.

MATHEWSON—BLAGDEN. At New York Ave. Church, Washington, D. C., Oct. 27, by the Rev. G. W. Blagden, D. D., of Boston, assisted by Rev. Mr. Mitchell, Arthur Mathewson, M. D., of Brooklyn, N. Y., and Miss Harriet Silliman, daughter of the late Thos. Blagden, esq., of Washington.

FOSTER—MAXWELL. Oct. 6, at the residence of the bride's parents, by Rev. A. S. Milholland, Samuel S. Yoder, M. D., of Bluffton, Allen county, O., and Miss Minerva E. Maxwell, of Berlin, Holmes county, Ohio.

DIED.

FOULKE.—In this city, on 30th ult., John L. Foulke, M. D.

HAYES.—In Munroe City, Mo., Oct. 11th, Mrs. Alice C. Comings, wife of Dr. J. B. Hayes, formerly of Cornish, N. H., in the 58th year of her age.

LANK.—Near Finleysville, Washington county, Pa., Oct 3d, Miss Adelaide V., youngest daughter of Wm. B. Lank, M. D., in the 18th year of her age.

WIKOFF.—At Easton, Pa., on the 29th of October, Dr. Isaac C. Wikooff, aged 84 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 716.] PHILADELPHIA, NOVEMBER 19, 1870. [Vol. XXIII.—No 21.

Original Department.

Lectures.

CLINICAL LECTURES ON THE SURGICAL DISEASES OF CHILDREN.*

LECTURE II.

Translated by S. J. Radcliffe, M. D.,
of Washington, D. C.

Spina Bifida.

Gentlemen.—I am going to entertain you to-day with a congenital disease, embraced in the category of malformations, three examples of which you have at the present time before you. It merits, by its frequency, to be classed in the first place after hare-lip. I speak of that affection which we designate indistinctly under the names of spina bifida, or hydrorachis, because the existence of the first of these affections leads almost necessarily to the development of the second. I will show you, besides, a definite number of pathological specimens and drawings, which will serve us to complete the anatamo-pathological history of spina bifida.

The name, spina bifida, is justified by a remarkable anatomical disposition. As we see in hare-lip a separation of the superior lip in two parts, the corresponding dental arches and sometimes the palatine vault, so also in spina bifida we observe defect of union, or a complete absence of the spinous processes and vertebral lamina of different regions. In regard to its seat, the most common are the dorso lumbar, then the lumbo-sacral, and finally the coccygeal. Two of these regions may be affected simultaneously. Some authors have included in the class of spina bifida certain cases of hydrocephalus seated at the posterior part of the cranium. But this is perhaps overstepping the mark. In this lecture I propose to study spina bifida in an anatomical point of view first; that is to say, in its exterior aspect and structure; then, after having devoted some words to its symptomatology and prognosis, I shall insist mainly on its complications and treatment, which are, for you, questions of the most interest.

The tumor of spina bifida, we have said, may occupy very distinct regions, and we shall see this point is fundamental in regard to the treatment. Notwithstanding the report of some isolated cases occurring in practice, where has been encountered the congenital division occupying the anterior part, or body of the vertebra, it is possible to affirm that nearly always there is separation only between the vertebral laminæ, and which may occur in one or several of these bones. In this last condition the tumor is elongated vertically, and we find, on the lateral part, irregularities, giving to the touch the sensation of a chaplet of long projections. A large surface may also be invaded by the malformation, and we have seen hydrorachis embracing the entire, or an enormous extent, of the spinal column. It is easy to foresee the deformity which would result from an arrangement so complicated. The column is thrown backward, and the patient seems to be bent double; in a word, there is a true monstrosity, a condition of things that places the subject within the embrace of that science known to us as teratology. You will conceive, gentlemen, that the surgeon has nothing to offer against an affection which takes such proportions.

The volume of the tumor varies in size from a small pigeon egg to that of an adult head. It is either sessile or pedicular. That distinction is of the first importance, in a practical point of view, as you will be able to judge

*Clinical Lectures on the Surgical Diseases of Children. by M. J. Gerardés, Surgeon to the Hospital for Sick Children. Paris, 1869.

when we come to the treatment. However, pedicular spinæ bifidæ are very rare, thus, this year, of seven spinæ bifidæ for which we have been consulted, all of which occupied the lumbo-sacral region, not one offered that characteristic so favorable to a happy termination.

In studying now the structure of the spina bifida we will find it has a perfectly determined composition.

The fundamental element is a sac included between the division of the vertebral laminæ, and lined internally by a prolongation of the rachidean dura-mater. That fibrous envelope draws with it the arachnoid and its epithelial investment. According as the distance between the lamixa is more or less great, the orifice of communication is large, or on the contrary, notably restricted. The external covering consists of the skin, the fascia supra spinalis, the muscles of the region, the tendons of which form at the base of the pouch a resistant aponeurotic ring. However, if in certain circumstances we find all the elements that I enumerate, ordinarily they have undergone almost complete atrophy, at the same time that the pouch has become of an extreme thinness, and of a transparency that reminds us of hydrocele of the tunica vaginalis. It is mainly in spina bifida of the inferior regions that these phenomena are observed.

The appearance then is not the same in all regions. For example: the cervical region, or cervico-dorsal, is the seat of predilection of pediculated tumors. They are round, pyriform, covered with thick skin, furnished with tufts of hair, and surrounded by adipose tissue. The cavity of the pouch is united to the spinal canal by a narrow orifice. But in the lumbar region we will see the intimate composition of the tumor is complicated by the addition of a new element, the spinal cord, which penetrates by the orifice of communication, and comports itself differently, according to the case. It sometimes returns to the spinal canal after having described a large curve of posterior convexity; at other times it expands in the tumor in a bundle of nerves, representing in appearance the horse tail, and all the nervous filaments, after having ramified on the surface of the sac, or on the cord itself, return to the spinal canal to gain the vertebral foramina. That disposition, observed by BIDLOW and LECAT has been very well described by M. P. HEWETT. It is also very well represented by a plate that you will find in the treatise on "Morbid Tumors," by VIRCHOW. That author attributes to central depression, which we observe in a majority of spina bifida, a very important character; and this locality, according to him, should be the ordinary point of insertion of the cord.

Another curious arrangement that should be known is the following: The nerves separate the tumor, transforming it into a double pouch. Sometimes, also, there is a true fibrous partition, and two spinæ bifidæ inclosed, so to say, the one in the other. SIMPSON has seen a case where the two sacs presented that singular conformation. The head had for its walls the rachidian envelope, and the interior the spinal envelope. These two tumors remind us, by their respective situations, of the arrangement of the intestinal knuckle in hernia, relatively to the hernial sac that encloses it.

With regard to the fluid contained in the cavity of spina bifida, it always communicates with the fluid of the spinal canal and that which lubricates the base of the brain. You will remember from the description that I give you, all the properties of the cephalo-rachidian fluid. It is limpid as rock-water, or of a light citron-color; sometimes mixed with blood, and fibrinous flakes. Its taste is saline, and the nitrate of silver precipitates chloride of silver, due to decomposition of the chloride of sodium. It contains besides sulphates and phosphates in minimum proportions, and also sugar. We may withdraw from a single spina bifida as much as a litre of this fluid.

I shall have but a few words to say to you, gentlemen, of the symptoms of a disease with which you are all so perfectly acquainted. It is sufficient to have seen the tumor only once, round, or elliptical, occupying the median line, reddish or violet, semi-transparent, and covered by a thin pellicle, in order not to mistake it. Its analogy to certain fruits has made it to be designated, in the hospitals of newborn children, under the names of peach, potato, etc. When the skin is either reddish or violet, the skin is arrested at its base, and is only found again under the form of a shoot, or central thickening, which may be wanting in the rest of the tumor. The tumor is fluctuating; pressure reduces it entirely, or in part. If there exists a concomitant hydrocephalous, we may make, manifestly, the fluid of the cephalic tumor to reflow to the rachidian sac. This increase of volume by position, by the

cries, the efforts, generally during expiration, is the cause of the reflex of flood which is made in the spinal venous system.

From these characters it is impossible to misunderstand the nature of the tumor, and the diagnosis consists in appreciating its state of simplicity or complication. At the most we may confound it with certain cysts, otherwise rare, not communicating with the spinal cavity, and formed after the cure of hydrorachis; they do not lead us easily into error.

It is extremely important in a double point of view of prognosis and treatment to know if the spina bifida is simple or complicated. The complications are the following:

1st. Sometimes we encounter in the same individual several spina bifida, bound together at the rachidian canal.

2d. In other cases of spina bifida certain children are also afflicted with hydrocephalus at the time of birth.

3d. If the nerves emanating from the terminal portion of the cord penetrate the tumor, convulsions may supervene unexpectedly, especially if we use compression, either with a view to diagnosis or treatment; from that follows paralysis affecting the inferior extremities, the rectum, the bladder, congenital luxations of the hip joint, etc.

4th. But of all the complications, the most frequent is, without contradiction, club foot, in all its forms. A child in the St. Paul ward has a tendency to talus; others have complete varus, and all these secondary malformations are due to the paralysis of certain muscles, or to the contraction of antagonistic muscles.

5th. Sometimes the cranial sutures are separated, an important phenomena, the presence or absence of which we ought carefully to confirm before undertaking the radical cure of spina bifida, under pain of having the recovery followed by hydrocephalus.

These tumors have been observed flattened at the time of birth. They have the property of emptying themselves during intra-uterine life. M. MORILLON has made this kind of depressed tumors the subject of a thesis. He considers them an irregular form of spina bifida. He attaches great importance to them. This is wrong, for it is not there that an accident occurs during the evolution of spina bifida.

The prognosis is subordinate to the complication, but it is always grave. In fact, children suffering from spina bifida, are generally pitiful beings, and die in the course of the first month. Nevertheless, I find the opinion formed by IVARD too exclusive, when he said "that he would abstain from all treatment, and do nothing to prolong the life of a being which was not born viable." When you shall be consulted on this subject, while you are much reserved in your prognosis, forget not, nevertheless, that there is reported in the science of medicine the observations of individuals who have reached, with this affection, a very advanced age. WARNER cites a subject of 20 years; S. COOPER another of 29 years; JAMES DAWSON one of 38 years; WALSHE one of 25 years; MONOD one of 30 years. The German journals mention the example of a man who attained the age of 50 years; another case, reported in the *Bulletin of the Society of Surgery*, has relation to a man of 40 years. M. LARREY has cited the case of an infermier of the hospital at Cochin, who bore a spina bifida without suffering great inconvenience from it. Of three children under actual observation in our service, two are of pitiful appearance; but the third, who has been here for nine months, has all the attributes of robust health.

Consequently, spina bifida may be recovered from, or at least its condition considerably ameliorated. What takes place, gentlemen, in these favorable conditions? The skin acquires with age a new vitality, the adipose tissue is rapidly hypertrophied and arrests the development of the tumor. The tumor is atrophied and the cure is finished by constituting an isolated cyst of the rachidian canal, only communicating with it by an insignificant orifice.

I arrive now at the treatment. The methods which have been proposed are numerous. I point out only those which appear to me worthy of attention.

1st. Compression after evacuation of the liquid. I applied it on that child aged eleven months, which was under treatment during nine months, with whose case I entertained you just now. Ten punctures have already been made. At each time we withdrew twenty grammes of fluid; afterward we established moderate compression. Notwithstanding this treatment, the tumor has enlarged, and to-day it is one-half more voluminous than at the beginning of treatment. The anterior fontanelle is yet rather largely open; the head seems to me a little large relatively to

its age, so that a complication towards the head is to be dreaded.

Compression has been proposed by ABERNETHY, then employed by A. Cooper. I have myself had recourse to it a very great number of times. We empty the tumor with a three-fourths size instrument, either entirely or partly so, or, which is preferable, we prick the tumor in several places with a large Carlsbad pin. Then we can cover the entire surface, after the example of BEHRENDS, with a layer of collodion, which exercises uniform pressure, favored still by a compress of wadding, and a bandage lightly tied. We may, by these proceedings, obtain some results. But puncturing the spinal pouch is not always without danger. In the case of the child of whom I have spoken to you, we have had to combat symptoms of spinal meningitis, contraction of the limbs, fever, loss of appetite, etc. Tetanic convulsions have been observed, in some cases, following these punctures. I have made note of 22 patients affected with spina bifida, the treatment of which consisted in puncturing the sac; 12 died. It is true that in this table an important circumstance is not mentioned, namely: the general condition of the patient before treatment. This is a defect which takes away from these statistics all their value. In making abstraction of an agent which plays a great part in any subject, we reduce to nothing all serious conclusions growing out of it. Before forming an opinion based on the value of the proceeding, it is then indispensable to have recourse to better conducted researches.

2. It will not do to think, under ordinary circumstances, of the ligature. Scarcely do they apply to the plainly pediculated tumors, and occupying a sufficiently high region of the spinal canal. It was thus that in two spina bifida of the lower part of the cervical region that the ligature severed one with success. Without these conditions, we risk injuring the nerves which enter so commonly into the composition of the tumor. In fact, of twenty cases of spina bifida, M. Hewett encountered only one example where the nervous element was at fault. On my side, of thirty cases of spina bifida of the lumbar or lumbo-sacral regions, I have found twenty-five where the tumor contained either a segment of the cord or nerves. It is evident that in parallel cases the ligature will be followed by the most formidable symptoms.

3. For the same reasons we are called upon to reject excision; nevertheless, M. DUBOURG (of Marmando) has employed incision and evacuation of the pouch with advantage, followed by suture of the two lips of the wound. He finished the treatment by compression.*

M. TAVIGNOT* excised, likewise, the tumor after having strangled it at its base, by the aid of a sort of enterotome, in order to avoid the injurious action of the air. M. BEYNARD employed a procedure analogous.† Before section of the sac M. P. DUBOIS excited adhesion of the two folds of the serous membrane, by binding the base of the tumor with plates of wood, which are afterward fixed together. But all these modes of operation have failed in the hands of their inventors. The considerations into which I have previously entered indicate to you the cause.

4. There remains for consideration the injection of liquids, more or less active, as tincture of iodine, highly praised by M. BRAINARD (of Chicago). Yet the American surgeon did not, we believe, entirely empty the sac. After incomplete evacuation, he replaced that which he extracted, by the medicated liquid. He proceeds then in a manner much more minute, and the precautions which he took having been omitted by the surgeons in Europe who first attempted to imitate his practice, he had to deplore several accidents. Some details then are necessary.

M. Brainard gave issue to six ounces of fluid, (about 200 grammes) then injected an equal quantity of a solution composed of 25 centigrammes of tincture of iodine, 75 centigrammes of iodide of potassium, and 30 grammes of water. After having left the mixture in contact with the walls of the pouch, during some seconds, he let it run out, washing the cavity of the tumor with water to remove all traces of the irritant fluid, and finally reintroducing the fluid contained originally in the sac. The patient was always anæsthetised, and compression was used on the canal communicating between the spina bifida and the rachidian conduit. Scientific collections contain the report of quite a good number of successes obtained by this treatment; and also, on the contrary, a number not less considerable, of unfortunate cases; for the tincture of iodine passed easily through the orifice of the tumor communicating with the spinal canal. The contact of this agent,

* *Gazette Medicale*, 1841. †Idem, 1842.

then, with the nervous substance determines tetanic, or meningetic symptoms, which are almost immediately fatal. It is then urgent, when we decide to follow that method, to take every possible measure to prevent accidents—that is to say, press the finger strongly on the intermediate orifice, between the tumor and the spinal canal, and employ a mixture suitable for the purpose. I prescribe it habitually thus: Tincture of iodine and iodide of potassium of each, one-fourth; water, one-half.

M. VELPEAU has used injections of iodine with some advantage. That eminent clinician of La Charitie made use of a mixture composed of a third of tincture of iodine and two-thirds of water, and afterward of equal parts of tincture and water. He practiced injections thus on the same tumor for three months.

According to M. DEBOUT, from a collection of ten cases, that therapeutic method gave five recoveries. Of seventeen spinæ bifidæ of which observations have been gathered by different surgeons, the same author points out ten recoveries. Finally, more recently M. TH. CARADEC (of Brest) has published two examples of confirmed recovery obtained by this procedure. M. COATES, in England, has on his part recorded a recovery.* When a favorable termination takes place a plastic exudation is deposited on the surface of the sac, and the orifice of communication is progressively obliterated.

Certainly such results are encouraging, but consider, gentlemen, that if we accord the largest publicity possible to the favorable cases, it is far from being the same for the disastrous cases; these, gentlemen, are kept secret. Guard yourselves from any such optimism, and in similar occurrences act with prudence.

En résumé, recovery is rarely obtained, and above all it is rarely definite. In my practice in this hospital I have recorded several cases of recovery from spina bifida. Yet that termination, which I should have believed complete in several of the children, had I not inspected them, was only obtained at the expense of another disease, otherwise just as grave. A short time after the disappearance of the vertebral tumor, the cranium had become greatly enlarged, and soon it exhibited the symptomatic retinue which characterizes hydrocephalus.

*Vide *Movement Medicale*, Nos. 40 and 46.

I recommend you then not to undertake to waste the tumor, and obliterate its orifice by the method I have before enumerated to you, without being informed beforehand on the state of the cranial sutures. When, however, notwithstanding these sutures are perfectly ossified, think not the consequences always hidden which follow the constant invasion of the fluid. Thus from a specimen dissected by M. Gosselin, it may be possible that the spinal canal and central ventricles may be able to bear a considerable enlargement. Sometimes, also without all of these complications, the recovery is followed by fatal tetanic symptoms. A woman, 54 years of age, died at St. George's Hopital, London, under circumstances of this kind.

From this summary I think we may conclude to reject, as dangerous, and more, insufficient, the pretended curative means, and confine ourselves to the paliative agent, unless we should come in contact with a simple, small, pediculated tumor, and situated in the cervical or dorsal region. Under these circumstances we may hope, without presumption, that the sac does not contain nervous elements, and consequently venture to remove it radically. I have pursued this course twice with success.

COMMUNICATIONS.

A CASE OF DIAPHRAGMATIC HERNIA, WITH REPORT OF AUTOPSY.

BY FRANK C. LARIMORE, M. D.,

Of Mount Vernon, Ohio.

Chloe R. Wheatcraft, æt. 4½, of Pleasant township, Knox county, Ohio, was of healthy parentage; she was considered a well-formed and healthy child until 16 months of age, at which time she was seized with convulsions—caused, so far as can be ascertained, by worms. The first convulsion lasted three hours, and continued to recur at intervals of two and three days, and finally weeks and months, until the time I was first called to see her.

The little girl had premonitory symptoms of the convulsive attacks; would say that she felt dizzy and drunk. During the attack sweat would break out upon her forehead; feet and hands cold; face pale at times and flushed at others.

One week after the first convulsion she had

a severe attack of vomiting, lasting half a day; vomited blood, along with a large quantity of coagulated milk and other substances.

My first visit was made on June 15, 1870. She then complained of pain in her left side; was very restless; would not remain in one position but a few moments at a time; made unsuccessful attempts to vomit; nothing but a little mucus ejected.

At this time her color was good and body well nourished. Pulse regular. Applied my ear to the chest and elicited healthy sounds from both heart and lungs. Bowels tympanitic and painful on pressure; extremities warm. A few days before she received a fall and hurt her side; did not complain much, and don't recollect which side was hurt. Diagnosis not satisfactory. Intestinal worms. Gave the child

℞. Tinc. camph. opii., ʒi.
Spiritus ætheris nitrosi, ♏x.
Aquæ, ℥ss. M.
S.—Ft. haustus.

In a few minutes the child passed into a quiet sleep. Left the following to be taken the next day:

℞. Hyd. chl. mit., grs. iij.
Santonini, grs. iv.
Ft. chts. No. iij.
S.—One, morning, noon and night; should it fail to operate as a physic, use olei ricini, q.s., the following morning.

I learned from the father afterwards that the powders had been given, and that worms were obtained; hence, I regarded my diagnosis confirmed.

Aug. 8th, 1870, was called again. Same symptoms; same treatment, followed by same results.

Oct. 15th, 1870. Reached the house at 1½ o'clock, A. M. Since I saw the child last, she has complained but little of pain; has had a good appetite; has declined in flesh until the last week or two, since which time was regarded as improving; has had several attacks similar to the one I witnessed, and which I have already described, from which she recovered without medical aid. The symptoms were the same, only aggravated; very restless; moaning as if in pain; retching at intervals; nothing ejected but mucus; extremities warm; face pale; bowels hot, painful, and tympanitic; left hypochondrium unusually large and tympanitic.

Although old enough to express her feelings intelligently, the child complained of nothing but pain in left side and bowels. She did not seem to be oppressed for breath· absence of cough; no syncope; face remained uniformly pale. I observed the movements of the child fifteen minutes before I gave it any medicine. I was told that she had partaken of wild grapes the day before.

Regarding the symptoms analogous to those witnessed on my former visits, I commenced treatment with the use of the same medicines. The prescription of paregoric and nitre was administered fifteen minutes before 2 o'clock, A. M.

In administration some of the medicine was wasted, as the child did not take it willingly. No relief having followed, in half an hour ordered

℞. Olei ricini, ℥ij.
Tinct. camph. opii., ʒj. M.
S.—Ft. haustus.

Oil had been given by the mother at 10 P. M. Had failed to operate. This fact, and the supposition that the grapes had passed into the intestines and remained there undigested, induced me to repeat the oil. After the oil was taken several unsuccessful attempts were made to evacuate the bowels.

2:45, A. M. No better; growing more restless; will not remain long in any position. Paregoric and nitre repeated.

3, A. M. Requests to be carried up stairs to see some of her sisters; walks to, and fondly caresses, a brother sleeping in the same room. The mother now took her up and sat down by the fire. The request of the child alarms the mother more than me. The expression of the child changes suddenly. It is still! It is dead! I placed my ear to its chest; could hear no respiratory sounds either of heart or lungs; commenced artificial respiration; continued it some minutes, but the heart failing to respond, I discontinued it.

I freely confess my surprise at such a sudden and unexpected termination of this child's life. As to the cause of death I had nothing to offer; hardly had a conjecture.

The only way by which the secrets of this case could now be reached was by a *post-mortem* examination, and before I had time to make such a proposition the mother, to my surpise and joy, requested it.

Post-mortem examination, Oct. 15th, 1870, 3 o'clock P. M.* Rigor mortis well marked; body moderately emaciated; bowels tympanitic; left hypochondrium very large and tympanitic.

*Assisted by Dr. C. E. Bryant, and my student, L. W. Armentrout.

A crucial incision was made through the parietes of the abdomen. Removed four or five gills of serum from the abdominal cavity. Found fecal matter in the rectum. Upon tracing the descending colon upward, found it to pass out of view through a muscular opening; traction upon it failed to bring it down. We found the kidneys, small intestines, and part of the large intestine, the liver and gall bladder, in the abdominal cavity; stomach, spleen, and a portion of the colon absent.

We then extended the linear abdominal incision upward to the top of the sternum, dissected the integument and superficial fasciæ off, and raised the bone from below upward. The entire stomach much enlarged and distended; spleen, part of the greater and lesser omentum, part of the transverse and descending colon, occupied the left half of the chest.

The left lung was forced up against the apex of the chest; was not much larger than a medium sized orange, pale in color, and contained but little air.

Right lung normal in size and of healthy color. Right pleural cavity contained several ounces of serum.

The heart was entirely displaced to the right of the median line. Pericardium contained an ounce or more of serum; the walls and valves normal.

Dr. BRYANT proposed that we reduce this hernia in order to examine more thoroughly the opening through which it had passed. This object was attempted by forcing the contents of the stomach down into the intestines. By so doing the walls of the stomach were ruptured, and the contents (a gas and fluid) escaped into the thoracic cavity. The fluid portion was of the color and consistence of milk, and in it were the oil and grapes, indigested. The parts composing the hernia were returned into the abdominal cavity.

The opening through which the hernia had passed was situated in the diaphragm—just below the left leaflet—in the muscular structure, unconnected with any of the normal openings in that muscle, and about 2½ inches in diameter. The hernia had no proper sac. The pleural and peritoneal membranes were not continuous.

Omitted to state that the ring was very tightly drawn around the hernial protrusion.

The diagnosis was now clear—Diaphragmatic hernia, containing the entire stomach and spleen, part of the transverse and descending colon, and part of the greater and lesser omentum.

I find but little upon the subject of diaphragmatic hernia in works upon surgery. Dr. GROSS says but little; stating that the diagnosis is uncertain, the prognosis always unfavorable, and nothing to suggest by way of treatment. Only two cases have fallen under his observation. The cause in one was a stab in the side; in the other, a fall from a third story window in a house, upon a brick pavement below. One of these persons survived only a few hours; the other died on the second day. He also speaks of a case recorded by Mr. GUTHRIE, in which the greater part of the stomach and duodenum had passed into the chest through an opening in the diaphragm, caused by a minnie ball.

Dr. FRANK HAMILTON, on cases illustrating abdominal hernia, and other abdominal hernias not strangulated, of unusual character, etc., etc., in all seventy-three cases, in the Bellevue and Charity Hospital Reports, for 1869, does not contain a single case of diaphragmatic hernia.

Sir ASTLEY COOPER reports two cases: In one the hernia existed from childhood; did not cause death until the woman attained the age of 28. Although she suffered with pain, cough, and laborious respiration, yet no diagnosis was made until after death.

The second case was a man who fell thirty-six feet, fracturing six lower ribs on the right side, and lacerating the diaphragm on same side. He lived seventeen hours.

He also speaks of a case reported by MORGAGNI, in which a young man was attacked with symptoms of acute cardialgia and constant vomiting, under which he expired. The hernia had passed through the œsophageal opening in the diaphragm.

ERICHSEN relates the case of a man seventy-four years of age, admitted into University College Hospital. About twelve months before he fell into an area about ten feet deep and injured his chest and head. Since, he has suffered much from shortness of breath, occasional sensation of suffocation, has a hacking cough, and cannot lie down without feeling some difficulty in breathing. He died, and upon *post-mortem* examination the transverse and descending colon had passed through an opening in the cordiform tendon in the diaphragm, into the left pleural sac, and was there strangulated.

From the records of cases that have been reported I am led to the following conclusions:

1. Diaphragmatic hernia is a very rare accident.

2. It is generally produced by traumatic causes.

3. In the history of all the cases reported by Gross, Cooper and Erichsen, *post-mortem* examination alone has revealed the true nature of the case.

As to the cause of hernia in this case, I have some conjectures, but no settled facts. Was it congenital? I think not, as the pleural and peritoneal membranes were not continuous, and there was no manifestation of impaired health until the child had attained the age of sixteen months. Did it occur at the time it vomited or long before (sixteen months), or at the time it received the fall (four years and two months old)? I am inclined to regard the former as the time of its occurrence, from the fact that the fall was not a severe one. On the contrary, the vomiting was severe and protracted, and followed by a train of symptoms, called by the parents, "spasms," but the symptoms described were those of syncope rather than spasms.

A predisposition to the hernia may have existed from birth, in weakness at this point in the diaphragm; a partial rupture, accompanied by a partial protusion of the hernia, took place at the time of vomiting; the fall increased each, and finally, at the time of death, a sudden increase of the opening and size of the hernia produced the fatal termination.

I did not examine the chest on my last visit. My previous knowledge of the case, and no direct symptoms indicating disturbance of the heart or lungs, such as cough, syncope and oppressed breathing, were my reasons for not so doing. Even had I done so at this time, I hardly think my diagnosis would have been in accordance with the facts revealed at the *post-mortem* examination.

The points of interest in this case are:

1. The length of time the hernia existed, nearly three years.

2. The cause, idiopathic instead of traumatic, as is usually the case.

3. Produced so little disturbance to the general health, and particularly to the heart and lungs.

4. The failure in diagnosis.

5. The escape of the entire stomach and spleen.

ROTATION OF THE HEAD UNDER THE PUBIC ARCH—APPLICATION OF THE FORCEPS IN THE SIXTH PRESENTATION.

By Dr. J. C. McMechan,
Of Cincinnati, Ohio.

In Madame Boivin's Memorial sur l'Art des Accouchemens the relative frequency of the different presentations of the vertex are stated. In nineteen thousand five hundred and eighty-four vertex presentations, 15,793 were of the 1st position; 3.682 of the 2d; 6 of the 3d; 109 of the 4th; 92 of the 5th; 2 of the 6th.

We are inclined to agree with several authors that the frequency of the sixth presentation is greater than here stated, and think the fourth must have certainly been taken for the direct occipito—posterior position several times. Such is the tendency of the occiput to rotate forward in posterior presentations, that M. Naegele has only known the occiput to disengage posteriorly seventeen times out of twelve hundred and forty-four occipito-posterior positions; and even in those cases it was always possible to appreciate the exceptional circumstances that had favored this irregularity, such as an amplitude of the pelvis, or numerous former labors.

Cazeaux, Meigs, Bedford and Churchill, in their histories of the natural mechanism of labor, speak of the head rotating forward beneath the pubic arch in the three posterior presentations, and of the occiput remaining behind and traversing the anterior portion of the sacrum as being the exception. They all say that in applying the forceps and delivering with instruments no attempt should be made to rotate the head forward, as it would undoubtedly result in fracturing the child's neck; and Cazeaux,* after making this statement in the strongest possible terms, proceeds to give a highly interesting case, in which, after failing to deliver by any other way he resorted to this rotation, and delivered the woman of a living child after a labor of fifty hours.

Smellie was a strong advocate of this operation, and was among the first to propose it. He even went so far as to propose bringing the chin forward in cases where it present-

*Cazeaux's Theoretical and Practical Midwifery, page 807. Note translated by Wm. R. Bullock, M. D.

ed directly posteriorly, and in no less than five cases did he try this operation.

What resources have we in the sixth presentation, after failing to bring the occiput over the anterior commissure of the perineum by means of the forceps, owing to the rigidity of that part? There are three: First, cutting the perineum; second, craniotomy; third, rotating the occiput forward under the arch of the pubis. Cutting the perineum is a simple operation, and is always preferable to letting a rupture take place. If a lateral or rather a diagonal cut be made into the perineum, it heals in a short time, but if a rupture takes place the surgeon has to close it up by an operative procedure of a severe nature. Cutting the perineum should, of course, be resorted to if we are certain of effecting a delivery afterward; but suppose, after cutting it, we fail in our object? It would certainly be a disagreeable experience to undergo. If sure of being able to deliver after cutting, we say cut, but be certain before beginning.

Craniotomy has always been one of the most disagreeable operations in obstetrics, and there is no operation so trying to the accoucheur as that of destroying the life of one being to save another. Some of our greatest obstetricians are so much opposed to this procedure that one of them, Dr. Bedford, says: "Therefore, in the fullness of my faith I have no hesitation in saying that *if the child be alive in the woman at the completion of her pregnancy, and it be made manifest that the maternal passages are so contracted as to render it physically impossible that a living child can be extracted* per vias naturales, *I should between the two resources, craniotomy and the Cœsarean section, not hesitate to decide in favor of the latter.*"

Craniotomy, of course, destroys the child; and what worse can result from attempting to rotate the head? And it gives the great chance of changing the position, so that the child is born alive. Rotating the occiput forward, under the arch of the pubis, is certainly the most favorable of the three procedures. The risk of not being able to deliver after the first, and the sure destruction of the fœtus in the second, leave only this last procedure even to be thought of.

We have already proven, according to Naegele's statistics that, as the rule, the head rotates forward naturally, and in performing this operation we are then only following nature. It is of easy performance, as any one operating on the cadover will see; but we will now proceed to our case:

On August 23d, about nine o'clock, P. M., we were called to see Mrs. H., in labor with her first child. She was æt. twenty-four, and of good form, being about medium size.

On inquiry we found she had felt some slight pains all day, and they had grown so strong toward evening that she was compelled to lie down. On examination the os was found dilated about an inch in diameter. The membranes were not ruptured, and we could not make out a diagnosis. As the pains were not frequent we left, requesting to be sent for in case the pains became very rapid, or the liquor amnii was discharged.

At five o'clock A. M. of the 24th we were again summoned to see the patient, the pains succeeding one another in quick succession, and the membranes having broken at quarter to five o'clock. On examination, the occiput was found in the hollow of the sacrum, the anterior or large fontanelle being easily felt touching the posterior part of the pubic bones, where they are joined together, and the sagittal suture extending backward in the direction of the antero-posterior diameter of the pelvis. After making sure we were right by repeated examinations, we resolved to wait to see what effect the pains would have, hoping they might rotate the head forward; but we waited in vain. At nine o'clock, A. M., the head not having descended any since five o'clock, or rotated in the least, we resolved on using the forceps. They were easily applied; but on making the proper tractions, so as to bring the occiput over the anterior commissure of the perineum, we could not flex the chin on the body any more than it was flexed, nor could we make the occiput descend.

Having repeatedly performed the operation of rotating the head anteriorly with the fœtus in cadavere, we felt like trying this operation on the living woman before having recourse to more destructive measures. The persons present looked on at what they thought an unfinished and very unsuccessful operation. The woman was suffering intense pain, and matters had approached such a crisis that something had to be done, and that quickly. Getting the patient in proper position, the forceps were again applied, and we attempted to rotate toward the right side of the pelvis, but without success. Rotating to the left was

then tried, and after several trials the head was brought to a transverse position in the pelvis. The occiput looked toward the termination of the transverse diameter and the left side of the pelvis; the concavity of the forceps looking toward the right thigh of the woman. They were withdrawn. The male blade was inserted into the left side of the pelvis, under the fœtal head and face; the female inserted into the right side, and by a spiral movement brought directly over the head and face until the forceps locked, and their concavity looked toward the woman's left thigh. The rotation of the head under the arch of the pubis was then effected by rotating the forceps from the left to the right, until their concavity was directly beneath the arch of the pubis. The extraction was then easily completed in the usual manner. The child's head was very much congested, but by cutting the cord, and applying a little cold water, it was soon breathing naturally.

Any one doubting the ease with which this operation can be performed should try it upon the cadaver, and he will find it much easier than to drag the occiput over the whole of the anterior face of the sacrum. Of course it cannot be done in every case, for if the body of the fœtus fails to rotate with the head, the neck will be broken. The frequency of the fourth presentation demands that this operation should be well understood, for the fourth presentation at any time is liable to be changed into the sixth, and this operation will be found the best resort in that presentation.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

October 17, 1870.

Clinic of J. E. Garretson, M. D., Lecturer on Surgical Diseases of the Mouth.

[REPORTED BY DE F. WILLARD, M. D.]

Neuralgia.

Gentlemen: I have to present this morning the old man before you, æt. 80 years, who has for sixty years suffered with neuralgia—a disease which is so common and so painful that it should receive the careful attention of every one who undertakes the profession of caring for the comfort and health of his fellow-beings; such a condition renders thousands of lives miserable, and you will probably meet with it in some of its Briarean forms as frequently as with any complaint which you will be called on to treat.

This man has been under the care of many, very many physicians; has exhausted almost the entire pharmacopœia, and even in this amphitheatre, in the time of Professors Physick and Dorsey, submitted to a section of the facial nerve, under the then supposed idea that this nerve had something to do with neuralgia.

Let us consider a moment. This man here had a neuralgia through all these years. Obviously, then, there must be a cause. Can we find it? We will try.

But, in the first place, what is a neuralgia? Its derivation, *neuron* and *algos*, would merely indicate "nerve pain;" but this is expression not of a special disease or cause, but of a result. It is a condition following a cause; hence, if we can discover the cause and remove it, we shall cure our patient—shall we not? That is, provided the cause has not operated for such a length of time as to have caused alteration in nerve structure. That there is a local cause in almost every instance of neuralgia, I fully believe; that we do not discover it does not prove its absence, but merely our inability or ignorance.

To discover this cause or causes should then be a first object. Should we pour in nervines without this knowledge, we should but be firing a charge of shot at an enemy in the dark, trusting to chance that some of them might reach him; these causes are often evident and of easy removal, but at other times they are exceedingly obscure in our present state of knowledge, and will only be discovered, perhaps by exclusion. Failing to discover it, we are then forced to desert principles and experimentally treat, with a hope of accidental success.

Neuralgia, however, as the word has been made to have definite application, refers to paroxysmal pains, localized or metastatic, presenting no manifestation of any lesion at the seat of pain outside of the single phenomenon; while its pains are usually, though not exclusively, acute in character; are confined to the tract or to the periphery of a certain nerve; remit, or, more commonly, intermit, and are alone accompanied with tenderness of the part involved when an accidental associate lesion may exist, or when an irritation is so severe or has been so long continued as to have reacted on the neighboring vascular system.

Holding, then, these views, I should say from my own experience that there is no special disease, with an individuality of its own, which can be termed neuralgia, and my reasons for the denial would lie in the fact that I have in one way or another become conversant with so many cases which have stubbornly resisted a long course of treatment founded on an abstract neuralgic theory, but which have rapidly and readily yielded on the discovery and

removal of some true lesion of which the pain was a sympathetic connection, as, for instance, otalgia, hemicrania, or even sciatica from an exposed tooth pulp, from a splinter of foreign substance, or from the pressure of an exostosis. It is certainly true that there is a class of persons who might be termed neuralgic, but these do not all belong strictly to what is called the nervous temperament, but are the anæmic and prostrated. A plethoric temperament disposes to inflammation, but plethora is not inflammation, it is only a predisposition. So in like manner the nervous temperament is only a predisposition. One could not deny that cases called neuralgia, and treated without ideas of a definite leison, do very frequently get well; but has not the indication been accidentally met, just as, with Dewee's carminative, we treat the restless child and cure it without a definite idea of the ailment, having in a single medicine the requirement of various conditions? I think this is so.

That there are predisposing causes to neuralgia is, however, evident; such as damp, cold atmosphere, fatigue, excitement, impairment of health, poor food, excesses, etc., etc.—in short, anything which interferes with easy and proper performance of functional life. This disease is periodic in miasmatic regions, and is often cured by the exhibition of quinine; indeed, this is one of the most efficient of our remedies for the relief of this disorder; but whether this is because the medicine controls the full and complete cause of the trouble, or only removes an exciting cause which in its absence gives to nature the mastery, I scarcely know; but it is certain that the pain is not always removed by the destruction of the periodicity. Syphilis may in like manner be an exciting cause, the real cause being some distinct lesion.

Gout and rheumatism should not be mistaken for this complaint, for each has a history which is its own. The former, being decidedly inflammatory in its local manifestations, is accompanied by congestion, œdema, etc.; attacks, in preference, the small joints, and, when metastatic, presents the same irregularity of vascular phenomena at the seat of transfer; while the latter affects the large joints, or, if muscular, is not distinctly localized, and is aggravated by changes of temperature, motion, etc.

To epitomize the subject, then, we might say that in a state of health the nervous system represents the poised balance; it is neither excited nor depressed; it works in entire harmony with its requirements. Apply now a source of irritation, and this harmony, or balance, is destroyed; and according to the amount and extent of irritation, so is the amount and extent of derangement. Life, says Bichat, rests upon the tripod of innervation, respiration and circulation; whatever affects one of these legs affects the whole body. To appreciate the phenomena of neuralgia, then, is to appreciate the phenomena of irritation—is to search over the economy until whatever lesion exists is exposed and comprehended.

If a first view is directed to the nervous system itself, we look for a lesion in the part which by the expression of pain seems most markedly implicated. Let us then apply our knowledge to this old man before us, and see if we cannot discover some cause for all this long-continued pain. By inquiry we find that these pains are sharp and lancinating in their character, and that they are localized, or rather seem to radiate from points just above and below the orbits. How shall we explain this? We know that the face is supplied with sensation not from the seventh or facial or portio dura nerve, but from the fifth or trificial or trigeminus, and that this nerve also supplies motion to the muscles of mastication, and taste to the anterior two-thirds of the tongue. Thus we see that it is a compound nerve; and it is an important one for our study, since it is one in which we shall most often meet severe neuralgias.

Let us glance then at its anatomy. It arises by two roots from the lateral tract of the medulla oblongata, just behind the corpus olivare, and appears to superficial view upon the side of the pons varolii; thence running forward to the apex of the petrous portion of the temporal bone, a ganglion is formed—the ganglion of Gasser or Casser, otherwise called the semilunar ganglion—from which are given off three branches. The first, or ophthalmic, passes out of the cranium at the sphenoidal fissure or foramen lacerum anterius, and running forward supplies all the parts contained in the orbit it emerges upon the face at the supra-orbital foramen, supplying the brow and forehead. The second, or superior maxillary, passing out of the cranium through the foramen rotundum, runs forward through the sphenomaxillary fissure, and entering the infra-orbital canal, finally emerges at a foramen of the same name, situated just below the orbit, and is distributed upon the cheek and upper lip; in its course also giving off branches to the teeth of the upper jaw, as well as to surrounding parts, with which we are not now concerned. The third, or inferior maxillary—compound in its nature—leaving the cranium at the foramen ovale, passes downward to enter the posterior dental foramen, from whence it runs through the dental canal to appear upon the face at the anterior mental foramen; supplying successively, in its course, the nerves of motion, to the muscles of mastication; of taste, to the anterior two-thirds of the tongue; and of sensation, to the lower teeth.

Recalling thus the anatomy of this nerve, it is easy for us to recognize that these points of pain to which this man refers us are directly over these points of emergence upon the face, and that these

pains follow exactly the course of these branches, especially those of the supra and infraorbital.

Now let us apply our reasoning. We have said that there must be a cause for these pains—let us look for it.

Now, any one of you would at once say, this fifth nerve supplies the teeth, and I know that the teeth are often carious, causing not only pain in the supplying nerve, but in other branches, by a reflection of that irritation.

Such would be true; and I am confident that eight out of every ten cases of facial neuralgia can be traced directly to some disease of the teeth or jaws, while certain it is that the most decided cases are odontalgic, and for this reason: a tooth decays until the cavity containing the delicate nerve is exposed; hence, the neuralgia has the simple, single signfication of a direct irritation; or an exostosis of a tooth root presses upon nerves ramifying in the alveolo dental periosteum; the signification is a similar one.

These cases of reflected neuralgia are found not only in the branches of the fifth nerve, but also in those of the arm, or even leg, simply from a carious tooth.

These cases may be called *neuro-odontalgia*; and as some of the more common causes, we may enumerate

1. Sensitive dentine.
2. Exposure, direct or indirect, of dental-pulp.
3. Diseased state of the peridonteum.
4. Confinement of pus or gas in the pulp-cavity.
5. Granules of osteo-dentine in pulp.
6. Sympathy.
7. Recession, or absorption of gums and alveoli.
8. Eruption of wisdom teeth.
9. Abrasion, or wearing down of teeth.

(1). Sensitive dentine is usually found in teeth in which a slight cavity exists; but sometimes this cavity is not visible, and the lesion can only be discovered by making gentle taps upon the teeth with a steel instrument, and being guided by the sensation imparted to the patient. The best method of cure in this case is to send the patient to his dentist and have the cavity properly filled; but if this be impracticable, you could yourself burnish down the tubules, thereby preventing further absorption of irritating material; for you know that the teeth are made up of tubules, which are arranged side by side, like rods, and have the power of capillary absorption. This power, as I have said, may be destroyed by polishing or by the cautery of nitrate of silver; but the best plan is either to fill the cavity or extract the tooth. This, however, is not the cause in the old man, for he possesses no such sensitive tooth.

(2.) I show you here a model of the section of a tooth, and within it you see a cavity called the pulp cavity, in which ramify arteries, veins and branches of the fifth nerve. Now, when a tooth becomes deeply carious, these nerves are exposed, and are, of course, painful; but we may also have irritability of the dental pulp without exposure, or again, from the presence of a recent filling, an irritation being developed by the action of cold and hot substances in the mouth; or again, a dishonest dentist may fill the bottom of his cavities with tin in order to save his gold, and the consequent galvanic current may be sufficient to cause this difficulty.

(3.) The periodentium is the periosteum of the tooth.

Now you will remember that the teeth are placed in the alveoli of the jaw bones, and this membrane covering the tooth is reflected upon the walls of the pit, forming the alveolo-dental membrane, which also supplies the dental process with nutrition.

This may become inflamed and even go on to the formation of an alveolar abscess, as I explained to you at a former clinic [vide REPORTER, vol. xxiii., No. 5], in which case you will find the tooth sore, and closure of the jaws will give excruciating pain, since the elevation of a tooth but a thousandth of an inch by the swelling of this membrane would cause it to be longer than the other teeth, and it would be the first point struck by the opposing jaw. And I would here repeat, that this pain upon occlusion, is an excellent diagnostic test between inflammation of the alveolo-dental membrane and pulp inflammation. The man before us has no sore teeth, but I find one old fang remaining in the jaw, which is markedly carious, while all about it are all the evidences of inflammation. There is evidently a periodentitis. Here, then, we find one cause at least to explain neuralgia.

(4). Should the tooth-pulp die from any cause and decompose, we must have the products of such decomposition confined in the interior of this dense, unyielding tooth-structure, from which it cannot escape. This pus or mephitic gas, then, pressing upon such portion of the nerve as may not have been destroyed, will be reflected upon all branches of the fifth nerve, and the pain will be most intense in its character. Well do I remember a patient who had been almost a raving maniac for days, strapped to his bed, so unendurable was his suffering; and all of which was relieved instantaneously by simply drilling into a pulp cavity and allowing escape of the contents. This old man has had none of these symptoms.

(5.) Is he suffering from granules of osteo-dentine in the pulp? I think not, though the diagnosis of the existence of such bodies is difficult, except by exclusion, and it is, moreover, a rare disease. What are these granules of osteo-dentine, you ask? They are the result of an extraordinary action of the pulp which is the source of all dentine, and they are sometimes fixed in position; at others, loose in the cavity.

I recall the case of a young student who came to my office, having suffered untold agonies for two weeks with a neuralgia, which extended from his eye to his ear. He had a beautiful set of teeth, all perfect, and I examined thoroughly each and every one, but could detect nothing amiss; not one gave any evidence of pain. At last, by taps of a steel instrument, I found one which gave, not pain, but a slight indescribable sensation different from the others. It decided that here lay the seat of his difficulty—drilled a hole into its pulp, discovered the granules, extracted the tooth, and the man was well in a few hours.

(6.) Absorption exists here as in all other parts and organs of the body.

(7.) This occurs in old persons or when the teeth have been removed. The slow, gradual absorption goes on until at last you may have the entire alveolar process carried away, with nothing remaining but a narrow rim of bone along the base, as you see in this aged skull which I show you. This absorption must necessarily interfere with the function of the nerves distributed to the parts.

(8). The eruption of the wisdom tooth often gives rise to serious trouble when the arches are full and small already, and disturbances amounting even to trismus or abscess may occur, as I showed you last week. (Vide REPORTER, Vol. xxiii., No. 14.)

(9). This last is something which will be very likely to occur in a man of this age; and in looking into his mouth, I discover three teeth badly worn. The irritation occasioned by this abrasion finally exposes the dead pulp, or is just sufficient to stimulate the formation of secondary dentine in the upper portion of the pulp-cavity, which is now encroached upon, and gives us evidence of this by warning pains. Yet remember, that any and all these conditions may exist in the severest forms without producing any such result.

Thus, then, we have discovered two distinct conditions (the 3d and 9th of divisions of our enumeration) capable of producing such a neuralgia as we have before us—both good causes, and our duty is plain—it is best to rid ourselves of the causes which we can discover. We shall, therefore, remove them all by extraction and watch the result. We may not cure him, still we shall have been wise in removing them, for they are evidently just sources of irritation, and it is quite possible that these causes may have existed ever since he was 20 years of age.

Suppose we do not cure him—then we will try if we can discover any other cause which we have, perchance, overlooked; and if we can find anything, shall immediately endeavor to rid him of this also, and thus, taking away all causes, at last give him relief.

[The fang and abraded teeth were then extracted, and the patient directed to return at stated intervals that the result may be carefully watched.—DR. F. W.]

Before we separate, gentlemen, let me say a few words to you in regard to reflex nervous disturbances to which I alluded in the early part of my lecture; and in doing this I cannot do better than use the words of Mr. Salter in speaking of the affections of the nervous systems dependent on diseases of the permanent teeth. "Disorders of this kind," says Mr. S., "are divided into those which are reflex, secondary, and remote; and those which are direct, immediate, and from contiguity. In the former category, would rank epilepsy, neuralgia, paralysis; in the latter, local pain, facial palsy, some forms of amaurosis, etc. In other instances, such as those in which exalted sensibility of the tegumentary nerves of the face, or erratic pains through the maxillary nerves, are associated with tooth-ache, it might be difficult to say whether the phenomena are mostly reflex or direct; they probably comprise both conditions * * * * The posterior lower molars are but little removed from the tonsils and Eustachian tube, from the parotid region, and from the external auditory passage. The fangs of the upper back teeth are close to the orbit and its all-important contents; and more posteriorly they approach the spheno-maxillary fissure and fossa. Thus it is easy to account for the nervous complications which are directly entailed by the spread o inflammation from the periosteum of diseased teeth.

By far the commonest reflex, nervous disturbances to which dental irritation gives rise, are neuralgic pains of the head; and this is especially the case when the upper teeth are implicated. In the supra and infra-orbital nerves, the globe of the eye, the temples, and particularly a spot near the vertex, a little on one side (the side of the affected tooth); in all these regions "dental neuralgia" is really very common, and I have observed not unfrequently that, where the pain has been long-continued, the integument has become hot, tender and red.

The several branches of the trigeminus appear to be the most susceptible of reflex affection caused by the dental irritation of one of them; but next to the different elements of the fifth nerve, the branches of the cervical and brachial plexuses are most commonly involved. Thus pains in the neck, shoulder, acromial process, insertion of the deltoid, or bend of the elbow are by no means uncommon, and with them occasionally a loss of motor power, a weary sense of fatigue in the flexor muscles, and an inability to grasp firmly with the hand. It would really seem that there is, in some individuals, a special and exceptional communication between the fifth nerve and those of the arm. Dr. ANSTIE has seen two instances in which wounds of branches of the ulnar nerve have caused reflex neuralgia of the fifth nerve, and he remarks upon this circumstance, "That the

mental perception of the patient should in each of these cases refer the pain not to any point in the course of the injured nerve, but to the branches of the trigeminus, affords, in my opinion, a strong suggestion that the portion of the central nervous system with which this trifacial is directly connected presents some congenital or acquired peculiarity of organization." This idea is fully borne out by what one occasionally, but only occasionally and exceptionally, sees in the occurrence of brachial neuralgia and paralysis caused by dental irritation of the branches of the fifth.

Reflex nervous irritation dependent upon dental disease is most uncertain and capricious in its manifestations. One person will suffer much from a comparatively slight cause, while in others the same condition more severely developed will produce no such result.

There is unquestionably in some persons a neuralgic diathesis, and it is not improbable, also, that in some individuals there may be a congenital or induced peculiarity in the centric, or, perhaps, collateral relations of certain nerves by which the exalted polarity of one may be passed on, and so reflected upon another with abnormal facility. In persons subject to these forms of neuralgia from dental irritation, nothing is so liable to produce an attack as exhaustion or depressed nutrition, and patients will often tell you that the attacks only come on when they are tired, or have gone long without food. Pain is only one of the phenomena of reflex dental nerve irritation. It may induce muscular spasm, muscular paralysis, paralysis of some of the nerves of special sense, or perverted nutrition."

These, then, are some of the phenomena of "reflex irritation," examples of which I shall take occasion to present to you as often as they appear at our clinical service.

PHILADELPHIA HOSPITAL.

Wednesday, November 2, 1870.

Surgical Clinic of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Bubo.

GENTLEMEN: The first case I bring to your notice to-day is a man laboring under specific bubo. He had soft chancre six weeks ago, and this swelling commenced two weeks after their appearance. Examination tells me that this cavity contains pus, and wherever you find pus let it out, give it good, free, unrestricted exit. A swelling like this may be opened vertically, obliquely, and, in short, in all directions. Do not prolong the man's pain with a sawing motion, but letting your hand work only from the wrist, sink the point of the knife well into the cavity, and then withdraw the knife by an upward motion of the hand and fingers. Dr. LANGSTON PARKER'S method was to puncture the bubo in a number of places and inject iodine and kindred substances; of such procedure I do not approve.

Now that I have given this matter good free vent, you see the suppuration was above the surface and not within the gland structure. The attendant bleeding will benefit this man, and after it stops, we will poultice the parts.

Painful Subcutaneous Tubercle.

This patient came of healthy Irish parentage, and is 69 years of age. He has never suffered from ill-health until ten years back, when he was annoyed with an itching on the upper and outer surface of his left shoulder. Shortly afterward appeared papules the size of split peas, which gave no annoyance except they were pressed upon. They increased in number and size until five years ago, when they covered the entire shoulder. For the affection he was cupped, leeched, and blistered at different times. He entered this hospital two and a-half years ago, and has been subjected to various treatments, without any apparent benefit, except the small diminution in the size of the papules.

To-day you see the entire shoulder scapular region, upper part of the arm and part of the chest, covered with a tuberculated shining skin. Some of these tubercles are one-half of an inch in diameter. None have ever separated. The skin appears to be lightly stretched over a pebbly structure, resembling cicatricial structure; is void of hairs, and sometimes exudes a moisture which forms scales between the elevations.

The pain is paroxysmal, coming, on an average four times a day, and resembling in effect continued showers of cold water, with a jagging sensation. They last from five to twenty minutes, causing intense agony during their duration. Slight pressure can be made upon them without much pain resulting, but tolerably firm pressure, especially upon the larger tubercles, causes a sensation similar to that which arises when a bruised part is pressed upon.

Now, this affection might be molluscæ, or syphilitic, or epithelial disease of the skin. But I am inclined to think it none of these, and prefer calling it painful subcutaneous tubercle. A molluscum is a sebaceous follicle, dilated, enlarged, and filled with a cheesy substance. This affection presents not this character. It is not a syphilitic skin affection, for this man has no syphilitic history, neither are there any syphilitic prodromata. Epithelial or cancerous disease I do not think it, for there is no involvement of the axillary ganglia, nor does the eruption partake of the physical nature of cancer.

The tendency of this disease seems to be to spread

and break down this man's health. The pain, paroxysmal and excruciating, morphia seems not to control. I have studied this case a year and a half, have seen local and constitutional treatment fail, and reluctantly pronounce it incurable. All we can now do with our remedies is to palliate.

Keloid.

[Dr. MAURY now brought before the class the negro whose history has often figured in these pages, and the partial operation upon whom was described in the last number of this journal. The man was in good health and spirits, and received a merited compliment from the operator for the manly courage which enabled him to face the knife and the anæsthetic a second time, while his neck was yet one-third raw from the result of the first operation. The site from whence the portion of tumor was removed last week was pink, granulating, clean and healthy-looking. Since the last operation, Mr. Gemrig, the surgical instrument manufacturer (of South 8th street, Philad'a) had constructed, with especial view to this case, a powerful chain-link ecraseur. So armed, after chloroform had been administered, Dr. MAURY carried out his original idea of guttering the tumor on the front and lateral portion of the neck, and then slipping around the mass the chain of the ecraseur. As the chain tightened, the portion of tumor grasped became of board-like hardness. The non-vascularity of the growth, and the absence of hemorrhage as the chain gnawed its way through the tissues, induced the operator to turn the screw with more than usual speed, and in eight minutes from the time of commencing the ecraseur had done its work; another third of the tumor was gone, and in its place a raw surface, from which the blood oozed sluggishly.

Ligatures were applied where deemed necessary, and the pulse and respiration of the patient being good, it was determined to go on with a corresponding operation upon the other side of the neck. The chain was applied to the mass, the screw simply turned, the tumor rapidly constricted, and in less than five minutes from the time of commencing, a second mass, weighing one and a half pounds, removed. The entire growth had now gone, with the exception of a small piece on the front and median line of the neck. This it was determined to let alone for the present. This operation developed the fact that in the removal of fibrous and non-vascular growths (the term non-vascular here being used in a relative and not absolute sense) the chain could be quickly tightened and the mass rapidly removed without fear of hemorrhage or other bad results.

The man soon rallied from the effects of the chloroform, and was taken to his cot happy to have lost a friend (?) that had stuck to him closer than a brother.—R. M. T.]

MEDICAL SOCIETIES.

VERMONT MEDICAL SOCIETY.

[REPORTED BY THE SECRETARY.]

The fifty-seventh annual session of this Society was held at room No. 12, State House, Montpelier, October 19 and 20, 1870. Dr. Henry Janes, of Waterbury, President, in the chair; Dr. L. C. Butler, of Essex, Secretary.

The proceedings of the semi-annual session at Burlington having been read by the secretary, the society proceded to the transaction of business.

The report of delegates to Medical Department of Vermont University was presented by Dr. S. Putnam, and after a brief discussion was accepted.

Dr. C. P. FROST, of Brattleboro, moved to strike out the last paragraph of standing resolution No. 2, of the society, relating to forfeiture of membership in the society, which was unanimously adopted. Under this arrangement the names of Drs. G. M. Hall, of Swanton, M. C. Edmunds, of Weston, E. V. Watkins, of Newbury, H. H. Niles, of Thetford, and H. Fales, of Waterbury, were presented for membership, and were duly elected.

The credentials of Dr. Arthur S. Wolff, delegate from the Medical Society of New York, were presented, and he was cordially received by the President, and invited to participate in the deliberations of the society. Dr. Wolff responded, expressing the congratulations of the society he represented.

Chloral Hydrate.

Dr. J. N. STILES, of Windsor, presented a paper on *Chloral Hydrate*, giving some practical results of its use in his practice, and under his observation and that of others.

An interesting discussion followed in which Drs. Wolff, Stiles, Frost, Watkins, Janes, Putnam, Richardson and others participated, giving results of their experience in its administration in various diseases.

Dr. WOLFF was not favorably impressed with its use in his practice, and suggested trials of it by hypodermic injection.

Dr. WATKINS had used it in *delirium tremens* with controling effect.

Dr. JANES had noticed prolonged soporific effect from its administration in the ordinary dose, in one instance requiring three days to recover from it.

Dr. PUTNAM had administered it in *puerperal convulsions* with some success, but had seen no hyperæsthesia resulting from it.

Dr. FROST thought the profession would find in this remedy a very good hypnotic, which may take the place of opium and other drugs of that nature.

Dr. RICHARDSON inquired in relation to its use in *Hysteria*.

Drs. WATKINS and JANES had used it for that disease with good effect.

Dr. RICHARDSON thought the condition of the system had much to do with its effects, correcting irregularities of the system, changed and increased its operation. He had used it in *Hysteria*, and in nervous derangements generally, in doses of ten grains each.

In the afternoon a resolution was introduced by Dr. L. C. Butler, inviting county medical societies to a more intimate relation with the State Society, by making their organizations auxiliary to it; sending valuable papers presented at their meetings, to the State Society, to be published in its transactions, and by contributing of their funds to sustain the State Society. Adopted.

The names of Drs. H. J. Miller, of Sheldon, and George C. Briggs, of Franklin, were presented for membership, and they were duly elected.

Dr. C. P. FROST presented an elaborate paper on insanity, considering it in its pathological, diagnostic and therapeutical aspects.

Dr. S. PUTNAM, of Montpelier, also read a paper on the same subject, considering it in its statistical aspects, showing its rapid increase in the present day, and in its legal aspects, showing the tendency to make the plea of insanity an excuse and palliation for crime.

At 4 P. M. the President's address was delivered, and was upon the subject of *Imaginary Diseases and Imaginary Remedies*, which he illustrated by numerous cases occurring in his own practice and under the observation of others.

A committee on nominations was ordered, and constituted as follows: Drs. O. F. Fassett, N. W. Braley, C. H. Scott, A. J. Hyde, D. G. Kemp.

During the evening session Vice President Abram Harding, of Grand Isle, occupied the chair.

Dr. C. P. Frost, from the Board of Counselors, recommended the following persons to become members of the society: Drs. D. E. Wells and Charles Gaylon, of Hardwick, Charles Cole, of West Haven, H. S. Calderwood, of Moretown, and George Spafford, of Windham, and they were duly elected.

Dr. Frost also announced the decease of Drs. C. M. Rublee, Daniel Bates and M. J. Love, and the appointment of Drs. J. E. Macomber and B. F. Morgan to prepare obituary notices of Drs. Rublee and Love.

The Board of Counselors also nominated the following persons for election as honorary members of the society: Drs Arthur S. Wolf, of New York, Albert Smith, of New Hampshire, and J. H. Baxter, of Washington, D. C.

Dr. Frost presented the name of Dr. B. F. Morgan, of Bennington, for Commissioner of the Insane, and he was unanimously recommended by the Society, to the Legislature, for election to that office.

Typhoid Fever, Ect.

The greater portion of the evening was passed in listening to reports in relation to epidemics and other diseases from all parts of the State. The prevalence of a mild form of typhoid fever in nearly every county of the State, during the past year, was specially noted, sometimes complicated with pneumonia and occasionally with jaundice.

Dr. HYDE, of Caledonia county, spoke of the prevalence of *Scarlatina* in that county, and of the use of carbolic acid as a useful remedy in its treatment, in the form of a bath and gargle, and internally in a formula of ten drops of the solution to the ounce of water.

Dr. FROST, of Windhem county, thought there had been less of ordinary diseases in that county than usual. He raised an inquiry in regard to the time, pathology, and origin of typhoid fever.

Dr. CARPENTER, of Chittenden county, had noticed a difference in the type of disease between the lake and inland counties. He had not seen a case of typhoid fever in Burlington for thirteen years, but had seen it in other towns. The type in the city was rather the congestive. During this season *intermittent fever* had prevailed as the result of malaria in the north part of the city. He knew very little about fever, its origin or pathology.

Dr. G. M. HALL, of Franklin county, considered typhoid fever to be a specific disease, like the exanthemata, self-limited and requiring little treatment. In reply to an inquiry, he said typhoid patients do not have the disease the second time. There may be exceptions to this rule, as in all exanthemata, but they are few. In this opinion Drs. Stiles and Morgan concurred, while Dr. Emmons, of Hartland, and Dr. Hyde, of Hardwick, had seen several exceptions to the rule, but not cases of marked severity.

During the forenoon of the second day, Dr. J. N. Stiles proposed an amendment to the By-Laws of the Society, relative to the appointment of delegates to medical societies and associations, which was adopted.

The names of Drs. Edward S. Peck, of Burlington; R. C. Ward and Wm. H. Platt, of Shoreham; and Harvey Knight, of Georgia, were proposed for membership, and they were duly elected.

Dr. B. F. MORGAN, of Bennington, read an obituary notice of Dr. M. J. Love.

Dr. C. M. CHANDLER, of Montpelier, presented written details of a case of intussusception, in which 36 inches of the intestines were discharged. This case was one of peculiar interest, because it was published in the secular papers of the day as an instance in which a "snake" had passed through a human being. Dr. Chandler had the satisfaction of seeing the "varmint," and describes it as "of a darkish color, lighter on the *belly*, as they called it; not so flat as one might imagine a tube to be when it

walls lay in contact, and looking not entirely unlike what it had been named." The post-mortem revealed the cicatricial point in the intestines from whence the "snake" was taken.

Dr. N. W. BRALEY, of Chelsea, presented a resolution appointing a committee of five to confer with the legislature now in session relative to an appropriation for publishing the transaction of the State Medical Society. Adopted.

The committee was constituted as follows:—Drs. Carpenter and Scott, members of the House of Representative; Bartlett, Braley, and Butler.

The committee on nomination of officers of the Society for the year ensuing reported as follows, and the persons named were elected to the several offices named:

President—Dr. S. Putnam, of Montpelier; Vice President—Dr. A. J. Hyde, of Hardwick; Secretary—Dr. L. C. Butler, of Essex; Assistant Secretary—Dr. E. H. Pettengill, of Saxton River; Treasurer—Dr. J. G. Kemp, of Montpelier; Auditor—Dr. J. N. Stiles, of Windsor.

Committee of Publication—Drs. L. C. Butler, G. B. Bullard and O. F. Fassett.

Delegates to U. V. M. Medical Department—Drs. L. C. Butler and N. W. Braley.

Delegates to Medical Society of New York—Drs. C. L. Allen and A. T. Woodward.

Delegates to Medical Society of Massachusetts—Drs. J. N. Stiles and J. S. Richmond.

Delegates to Medical Society of Connecticut—Drs. L. C. Butler and C. P. Trost.

Delegates to Medical Society of New Hampshire—Drs. C. A. Scott and D. E. Wells.

Delegates to Medical Society of Maine—Drs. G. B. Bullard and Charles Gaylord.

Delegates to Medical Society of New Jersey—Drs. E. F. Upham and H. O. Bartlett.

Delegates to Medical Society of Connecticut River Valley—Drs. M. C. Edmunds and C. A. Sperry.

Delegates to American Medical Association—Drs. A. T. Woodward, Charles Cole, H. D. Holton, S. W. Thayer, H. Janes, W. R. Hutchinson, N. W. Braley.

Committee on Registration—Drs. L. C. Butler and O. F. Fassett.

Committee on Epidemics and other Diseases—One for each county in the State: Geo. C. Briggs, G. B. Bullard, J. E. Crampton, C. M. Chandler, D. P. Blanchard, E. T. Upham, J. N. Stiles, H. D. Holton, B. F. Morgan, C. L. Allen, M. H. Eddy, J. B. Morgan, S. R. Corey, A. Harding.

Dr. S. PUTNAM presented cases of *uterine disease* in his practice, with treatment.

Dr. J. F. MILES, of Hinesburgh, proposed an amendment to the Constitution of the Society, fixing the time of holding the annual meeting on the second Wednesday of October, in each year, which was adopted.

The semi-annual meeting of the society is to be held at St. Albans, on the first Wednesday and Thursday of June, 1871.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Magnetic Wells of Michigan.

Some months ago we had an account of these from a well-known physician who had visited them. At the late meeting of the American Association for the advancement of science, Prof. WINCHELL read a paper concerning them. After numerous experiments his conclusions may be condensed as follows: 1. Nearly all pieces of iron and steel are found possessed of permanent but varying polarity. 2. Neutral iron is polarized by being placed in the magnetic meridian or in a vertical position. 3. This induced polarity can be detected in its effects upon a permanent magnet. 4. The mineral waters of Michigan tend to induce south polarity (*i. e.*, the same as the south end of the needle) in the outer end of a rod of soft iron passed through a cork into a bottle of the water. 5. This property is retained by the water for weeks and months. 6. A rod of steel, or a knife blade, immersed in the water from 30 minutes to 10 hours, acquires very sensible polarity, though practically neutral before immersion. 7 No satisfactory evidence exists that the water itself is polarized, or that magnetism can be bottled up in it. 8. The phenomena are more likely to arise from some chemical action between the water and the iron; and this supposition is strengthened by the fact that they arise equally when the rod is simply moistened, when it is immersed in water rendered artificially alkaline or salt, and when the surface of the steel is unpolished; and do *not* arise when pure rain-water is employed.

Displacement and Inflammation.

On this topic Dr. H. Bennett read an article given in the *British Medical Journal*, concluding with the following summary:

I would recapitulate the views I have endeavored to express in the following terms.

1. I consider that, under the influence of mechanical doctrines pushed to an extreme, uterine displacements are by many too much studied *per se*, independently of the inflammatory and other lesions that complicate and often occasion them.

2. That the examinations made to ascertain the existence of inflammatory complications are often not made with sufficient care and minuteness, is evidenced by the fact that I constantly see cases in practice in which inflammatory lesions have been neglected entirely, and in which the secondary displacements have been alone studied and treated.

3. That inflammatory lesions are often the principal cause of uterine displacement through the enlargement and increased weight of the uterus or of a portion of its tissues which it occasions.

4. That when such inflammatory conditions do exist, as a rule they should be treated and cured, and then time should be given to Nature to absorb and reduce hypertrophied and engorged tissues before mechanical means of treatment are resorted to.

5. That the relief from the sensation of bearing down which pessaries and bandages give is no real criterion of their being the proper means to use, such relief being often felt when there are inflammatory lesions present, which their presence aggravates.

6. The above statements must not be considered in any way to imply that I do not recognise other causes of displacement of a non-inflammatory nature, such as laxity of ligaments and soft parts, wide pelvis, laceration of perineum, severe shocks, etc.

A Sign of Death.

To distinguish death from "trance," Dr. LABORDE, in a communication to the French Academy of Medicine, points out a very simple test. He states that if a polished steel needle be inserted to a sufficient depth into the muscles of person apparently but not really dead, and allowed to remain, it loses, in generally a short time, its polish, and becomes oxidized; while this oxidation does not occur when the needle is introduced into a dead body, even if the needle be allowed to remain as long as an hour. This absence of oxidation, with generally recognized concomitant phenomena, is, Dr. L. believes, a constant sign of real death.

Reviews and Book Notices.

NOTES ON BOOKS.

We are indebted to the department for a copy of he report of brevet Lt. Colonel J. J. WOODWARD, Assist. Surgeon U. S. A., "On Certain Points connected with the Histology of Minute Blood Vessels." It is admirably illustrated with accompanying photographs, the text forming a pamphlet of eight quarto pages. The object of the investigations described was to determine the accuracy of Professor COHNHEIM'S famous studies on the passage of white corpuscles through the vascular walls. Dr. Woodward corroborates the assertions of the Berlin pathologist, but does not commit himself to the theory of Cohnheim that these corpuscles form the pus corpuscle. The report is one of much scientific importance, and highly creditable to the skill and labor of the author.

A pamphlet of sixteen pages, by Drs. A. D. ROCKWELL and GEORGE M. BEARD, of New York city, gives their experience on the physiological and therapeutical effects of galvanization of the Sympathetic. (N. Y. Printing Co., 81 Centre st.) Seven cases are described, and two illustrations given. The authors conclude that besides cases in which the sympathetic itself is diseased, galvanization of that nerve often benefits in cerebral hyperæmia, disorders of the vaso-motor nerves, and functional diseases of the digestive and genital apparatus. It should rarely, however, be employed alone.

BOOK NOTICES.

The Pathology and Treatment of Venereal Diseases: Including the Results of Recent Investigation upon the Subject. By Freeman J. Bumstead, M. D., etc. Third Edition, revised and enlarged, with illustrations. Philadelphia. Henry C. Lea. 1870. 1 vol., 8 vo. pp. 704.

The above work may be considered the standard American treatise on the class of diseases to which it is devoted. Its thoroughly practical character, which is maintained throughout, yet without sacrifice of scientific exactitude and fulness, recommends it to the practitioners of our country.

The present edition has been carefully revised, and numerous additions and alterations made in the text. The principal of these relate to the treatment of stricture, to visceral and ophthalmic syphilis, and the chancroid. Many parts of the text have been rewritten, and other portions omitted. By a judicious arrangement of his new matter, the author has, however, succeeded in keeping his volume within a moderate compass, it being only some sixty odd pages larger than the last edition.

——In New York, recently, a lady fell into a fit and was sent to a hospital, where the medical attendants relieved her of a set of false teeth she had partially swallowed, and she departed convalescent.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 19, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.

HOW TO SAVE MONEY!

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the REPORTER from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

☞ *The Cash must always accompany the order.*

1. By taking all our serials, REPORTER, COMPENDIUM and POCKET RECORD, at $8 in advance.

2. By paying for the REPORTER 2 *years* in advance, $9, or 3 *years* in advance, $12, etc.

3. By sending *new subscribers*, and retaining $1 on each new name paying one year ($5.00) in advance.

4. By ordering *all their periodical literature* through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent. on orders above $50, and 10 per cent. on orders above $100.

6. To new subscribers remitting directly to us, we propose hereafter to allow the same amount usually allowed to agents as commissions, and credit them 15 *months'* subscription for $5.

III. As a low-priced literature can only be sustained on the principle of CASH PAYMENTS, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be surprised if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the CASH IN HAND, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

SOME HINTS ABOUT ADVERTISEMENTS.

The pressure of commercial interests on the profession is much stronger, and manifested in a greater variety of ways, than is generally supposed.

It is the aim of every enterprising druggist to enlist in favor of his preparations just as many physicians as he possibly can, and often he is less scrupulous than he should be about the means he uses. It is his interest to sell the utmost possible quantity of his stock; it is the physician's duty to order no more of it than he thinks will really benefit his patient. Consequently the druggist must persuade the physician that the articles to be sold are valuable and efficacious. This he does in a variety of ways.

He may induce some medical friend, honest enough, but obliging and sanguine, to write an article for some medical journal lauding extravagantly the article to be vended. Or if more ambitious, he may himself start a medical periodical, much of which will be occupied with cases illustrating the benefits to be gained by absorbing his dietetic and medicinal preparations. Of course, unfavorable results are sedulously excluded.

Venders of surgical instruments and appliances, patented or otherwise, are hardly so conspicuous as druggists in deluding the medical public about their wares, but are not behindhand to any great extent in the arts of creating a demand. They are not less opposed to submitting their goods to the calm, impartial verdict of practical experiment. Too often useless instruments are foisted upon the market by means of unfair statements, one-sided certificates, and a careful exclusion of unfavorable comment.

Finally we come to the department of literature; and here, quite as much as in the foregoing lines of trade, we can perceive only too clearly the attempts to "sell goods" by the tricks of the peddler. We ask any intelligent man to compare the reviews of an average medical book as they appear in medical journals, with the garbled extracts and puffs from those reviews as they are made to show in the publisher's lists, and then to answer whether such misrepresentation is more or less than an attempt to obtain money by false pretences.

It is notorious also that more than one medical journal in this country are supported and sustained by publishing houses solely for the purpose of puffing and advertising their own

publications and wares. If this were openly acknowledged, we would have nothing to say; but when the fact is sedulously concealed, in order the more completely to throw dust in the eyes of the readers, it must not be passed over in silence.

How often are the reviews of the proprietor's own publications in such journals impartial?

That class of journals sustained in the interests of some college or community can hardly claim more respect at our hands. They mus· always have "an eye to the main chance," which is very apt to be what Tennyson metaphorically calls a "jaundiced eye" to the chances of any competing institution.

We have nothing to say about journals conducted in the interests of practicing physicians, for we know of none such, conducted by regular practitioners. So far from any superiority being attached to "impersonal journalism" we disbelieve in it altogether. We have been editor of a medical journal long enough to know that if the duties are properly performed they injure rather than improve one's practice. A New York medical periodical claimed lately considerable cheap virtue for itself on account of its very recently assumed "impersonality." To our mind, a journal had much better have a known and responsible editor, than only be known as the anonymous advertising medium of a publishing house.

It is well that physicians, especially the younger ones, should be made acquainted with the various means employed to bias their judgment, and be properly cautious. They will not be discontinued, nor on the whole is it desirable that they should be, as they indirectly do some good, and will do more good than harm if the profession is made aware of just the value to attach to them.

Notes and Comments.

Errata.

In Dr. KENNEDY'S article last week on the treatment of Scarlet Fever, page 380, second column, seventeenth line from top, read, 1,000 for "1,000;" and on page 382, second column, read, Dr. James Currie for "Carne."

American Surgeons in Germany.

We have been favored by a physician of this city with the sight of a letter written by a medical friend under date, Worms, Oct. 13, from which we make the following extract:

At Coblentz we found some young surgeons from America. Some were on duty; some were not. None had received pay; few expected to; many were out of funds, and all swore at the Prussians, and wished they were back at home. They didn't like the Dutch surgeons, and as one rather emphatically expressed himself, "D— any man who can't distinguish between typhus and typhoid, and who cuts down on an abscess with a blunt scalpel." I concluded my services were not needed. In fact, it was outrageous the stories those fellows told. Most of them were German by birth or parentage, but coming from America didn't seem to be in their favor.

Errata.

Our readers are requested to make the following corrections in Dr. CHESEBROUGH'S article on page 355 of THE REPORTER of last week. First column, 14th line from bottom, for 21 read 31; in lines 8, 9 and 12 from bottom, for *ten* read two; second line erase *extremities* after face. Second column, first line of fourth paragraph, for *facies* read funis; line 6 from bottom, for *multiform* read multipara; line 2, for *placenta* read placentæ.

Quinine in Typhoid Fever.

A correspondent in Henry county, Iowa, takes exception to the remarks of Dr. LIPSCOMB in this journal (number for Sept. 17, 1870,) about the small value of quinine in typhoid fever. Our Iowa friend says:

"I will only add, in closing this letter, that no doctor can practice in a malarial district, and be successful if he exclude quinine from the treatment of typhoid fever; because I believe this disease is often caused by malarial poison, and I think my own and the experience of some among the best of our writers will bear me out in this opinion."

Our own impressions are in favor of Dr. Lipscomb's views. In what army surgeons used to call "typho-malarial fever," quinine is of advantage, but in pure typhoid, we esteem it very moderately.

Diabetic Flour.

This useful article is now carefully prepared in accordance with Dr. CAMPLIN'S formula, by Mr. JOHN W. SHELDON, 363 Bowery, N. Y. This article is, by careful manipulation, freed from principles which render wheaten bread or other farinaceous preparations inadmissible with persons suffering from diabetes, and being finely floured it is, not irritating to the mucous membrane of the stomach and bowels. Dyspeptics will find in the biscuit prepared from it a useful adjunct to their ordinary diet—experience having shown that a small quantity of the bran promotes the action of the bowels, and non-diabetic persons who wish a gentle aperient may find that half a bran biscuit per diem will answer better than "pills."

The Iva, a Medicinal Plant.

The *Chemical News* gives the following abstract of a lengthy paper by Dr. A. von Planta-Reichenau, on the Iva (*Achillea moschata*). The Iva is a celebrated plant, a native of the Swiss mountains, and for centuries has been in high repute as a medicinal agent. The author first briefly refers to some historical facts bearing upon the iva and its use, and then states that, as nothing is yet known in reference to the chemistry of this substance, he, having an excellent opportunity to procure the herb, undertook the exhaustive research of the same. His lengthy memoir treats on essential oil of iva, which, in the crude state, has a bluish-green color, a taste somewhat akin to the oil of peppermint, while its smell is not disagreeable; its sp. gr. at 15° C is 0.9346; formula $C_{20}H_{40}O$. The pure oil boiling at between 170° and 210° C., is a pale yellow-colored fluid, exhibiting a peculiar, strong, etherial smell; its taste is bitter, but, at the same time, like peppermint; the formula of the pure substance is $C_{24}H_{40}O_2$. Ivain, an oleo-resinous, bitter matter, readily soluble in water and alcohol, is the hydrate of the iva oil. Stearic acid is also present in the herb, and, moreover, three other substances, which the author has called Achilleine, Moschatine and Achilletine, the latter being the product of the decomposition of Achilleine. This latter is a peculiar alkaloid, containing $C_{21}H_{38}N_2O_{15}$.

Prof. Gross' Surgical Clinics.

We have completed our arrangements to have regular reports of selected cases, *with after-treatment and results*, from the surgical clinics of Prof. S. D. Gross, M. D., of the Jefferson Medical College.

This new and valuable feature will render the pages of The Reporter still more instructive and entertaining to our readers. The reports will commence *next week*.

Correspondence.

DOMESTIC.

A Bicephalic Monstrosity.

Eds. Med. and Surg. Reporter:—

I desire to furnish to your numerous readers a brief general description of the latest great medical curiosity. The curiosity consists of a pair of twins, whose novel attachment to each other is exciting so much attention.

The twins at the present time are almost three weeks old. They measure nineteen inches in length from the crown of one's head to the crown of the other. Their weight at birth was ten pounds. They have fine, well-shaped heads, good features, light hair and dark eyes, good arms, and each a well formed chest; but from one chest to the other there extends a common abdomen. At the middle of this abdomen is seen the one umbilicus for the two children, and running down from this to the mons veneris, on one side, is seen a fine line like a seam.

They are said to have a continuous spine from one occiput to the other, but the back I was not allowed to examine, and cannot therefore state positively. As they lie on their backs on a pillow, one head at one end, and the other head at the other end, their faces looking toward each other, we find on one side of them each child has a perfect leg and foot with the exception that one foot is in a condition of talipes varus. Between these hips appear the vulva and anus, the common outlets for both. On the opposite side of the children, standing perpendicularly, is a deformity that seems to be a consolidation of the two legs on that side. It seems to have but one bone in the thigh, but two large bones, with a deep sulcus between, are found in the leg proper. The foot resembles the early blending of two feet, for two ossa calcis are seen, and eight toes, with the great toes outermost, and the least ones side by side. Free motion at the attachment of this deformity to the body or bodies, but little motion in the knee, and still less in the ankle.

These babes had one cord and one placenta, and these not unusual in size.

Labor only lasted twenty-five minutes, and no doctor in attendance. They are separate beings, as manifested by their wills. Each is independent of the other, as shown by their performing different acts at the same time. One will go to sleep and the other remain awake. One nurses at one time and the other at another time, and the nursing of one does not satisfy the other.

When one has a passage from the bowels, the other does not seem to take any cognizance of it. They rest well, and as they seem to be in thriving condition, I have no doubt they will live, subject, of course, to the chances of life, just as other babies.

The family to which this curiosity came, lives ten miles south of Cardington, Warren county, Ohio.

The father, Mr. Finly, is a native of Pennsylvania, forty years old, and a man of rather inferior intellect. The mother is an Ohioan, thirty-three years old, and of average intellect. The parents have three children, the eldest being thirteen years old.

The mother says she never suffered from fright during her pregnancy, nor ever had any subject in her mind that might have had any influence on the contents of her womb. She is inclined to place the blame of their peculiar condition upon a fall she received when she was about two months advanced in pregnancy. The children at the latest accounts are prospering finely.

I am, respectfully, M. R. Hackedorn, M. D.

News and Miscellany.

John Wesley as a Doctor.

Not many perhaps of those to whom the name and fame of John Wesley are known, identify the great sectary with the work of which he was not a little proud, his "Primitive Physic, or an Easy and Natural Method of Curing Most Diseases," printed by William Pine, in Narrow Wine street, Bristol, and sold at the New Room in the Horse Fair, and in London, 1762. It was lately submitted for the edification of the pharmaceutists at their Liverpool conference, among a century of old books, and Wesley's announcement that "every man of common sense (unless in some rare cases) may prescribe either to himself or his neighbor, and may be very secure from doing harm where he can do no good" was compared with his old recipes. Among the remedies which he approves as "tried"—a word which he thus made proverbial in the Methodist connection—is bleeding for consumption. The patient is to lose six ounces of blood every day for a fortnight if he live so long, and then every other day, then every third day, and every fifth day for the same time. The gout is to be cured by the application of a raw lean beef-steak; for twisting of the bowels, one, two, or three pounds of quicksilver in water. The pharmaceutists came to the conclusion that Wesley was more successful as a theologian than a physician, and that his experience of the value of "untutored common sense" in his former capacity had induced him to undervalue the necessity for a basis of skilled knowledge in the latter.

Latent Hydrophobia!

Rather a funny hydrophobia case has just been adjudicated in a Boston Court. The plaintiff testified that after he was bitten by the defendant's dog, not mad at the time, he suffered great anxiety of mind, because he thought that if at any future time the animal should go mad, all persons previously bitten by the dog would go mad also. But the presiding Judge made short work of these fanciful apprehensions, and ruled that no damages could be recovered for anxiety on account of such "superstitious notions." However, the lacerated plaintiff was consoled for his bites, and in spite of his bad pleading; for the jury gave damages to the amount of $262.

A dentist in Philadelphia has traced out the career of 1,000 dentists, with this result: 163 died before they reached middle life, 643 attained fair success, 57 made fortunes, 27 died from intemperance and other vices; 96 failed entirely; and 3 committed suicide.

Queries and Replies.

Mr. J. H. H., of Pa.—We cannot undertake to give medical advice through this journal. Your case seems a severe one, and we advise you to get and pay for first-class medical aid as soon as you can; and *not* put yourself in the hands of any advertising empiric.

Dr. G. D. S., Conn., says: "I would suggest that it would be a good plan to add the P. O. address as well as the State to your weekly list of acknowledgements, which would make The Reporter a valuable *Directory for Physicians*, as it has so large a circulation."

Answer.—For a long time we have only acknowledged letters which contain either money or communications of value, but if we published the post-office address of our correspondents it would subject them to much annoyance, and perhaps imposition.

Married.

Baker—Leggott.—In Quincy, Ill., at the residence of Dr. M. F. Bassett, November 3d, by Rev S. S. Hunting, Dr. D. Bryan Baker, of Quincy, and Miss Emma Leggott, of Springfield, Ill.

Calvin—Dovel.—October 31, 1870, at the residence of the bride's father, by the Rev. A. J. Warren, Dr. James W. Calvin, of Mt. Erle, Ill., and Miss Sarah M. Dovel, of Ironton, Ohio.

Denise—Collier.—In this city, Oct. 27th, by Rev. William P. Breed, D. D., assisted by Rev. I. Grier Ralston, D. D., at the residence of the mother of the bride, Dr. J. C. Denise, of Omaha, Nebraska, and Miss Mary C., daughter of the late Daniel Collier, Esq.

Ely—Hardy.—In New York, Oct. 25, by Rev. Hobert Chetwood and the Rev. Dr. Brown, Smith Ely, M. D., and Gertrude, daughter of the late Charles W. Hardy, of Portsmouth, N. H.

Franklin—Foulke.—In Chillicothe, Ohio, Oct. 20, Dr. G. S. Franklin and Miss Mary S. Foulke.

Hamill—Clock.—At the M. E. Church, Bay Shore, L. I., October 25, by Rev. T. M. Terry, Pastor, Edward H. Hamil, M. D., of Islip, and Miss Emma Josephine, daughter of Seth R. Clock, Esq., of the former place.

Reeve—Johnson.—On the 2d inst, by Friends' Ceremony, at the residence of Jennette Johnson, Germantown, Pa., Josiah Reeve, M. D., of Medford, N. J., and Jennette E., daughter of John R. Johnson, of this city.

Steele—Leonard.—In Brooklyn, Oct. 24th, by Rev. Chas. Pomeroy, A. J. Steele, M. D., of St. Louis, Mo., and Cassie, daughter of Hon. Moses G. Leonard, of Rockland Lake, N. Y.

Thompson—Wright—On the 16th of Oct., 1870, at the residence of the bride's father, Dr. J. C. Wright, by Elder B. F. Northcutt, Hon. John Thompson and Miss Rosa Wright, both of Wrightsville, Clark county, Missouri.

Walsh—Bright.—By the Rev. J. G. Bruce, in Centeniary M. E. Church, Lexington, Ky., 27th of October, the Rev. J. D. Walsh, Pastor of the M. E. Church, Maysville and Miss Charlotte E. Bright, daughter of Dr. J. W. Bright.

West—Hennan.—At New Creek, West Va., Oct. 27th, Dr. Thos. H. West, of New Creek, West Va., and Miss Fannie E. Hennan, of Morgantown, West Va.

Died.

Anderson.—At Chester, Pa., on the 5th inst., Sarah Anderson, relict of the late Dr. Samuel Anderson, in the 95th year of her age.

Cook.—In Hachettstown, N. J., Aug. 5th, 1870, Mrs. Mary Cook, wife of Dr. Silas C. Cook, and mother of Drs. L. C., John S. and Joseph S. Cook, aged 74 years.

Green.—In this city, on the 5th inst., Alice, relict of Dr. Benjamin Green, aged 83 years.

Mower.—In New York, Nov. 6th, Sarah A., widow of the late Thomas G. Mower, M. D., Surgeon U. S. Army.

Walker.—October 30th, 1870, near Goshen, Clermont county, Ohio, Mrs. Rebecca Walker, wife of Dr. J. S. Walker, aged 48 years.

Wetzstein.—On the 7th inst., Dr. Gustave Adolph Wetzstein, aged 59 years and 13 days.

THE
MEDICAL AND SURGICAL REPORTER.

No. 717.] PHILADELPHIA, NOVEMBER 26, 1870. [Vol. XXIII.—No 22.

Original Department.

Communications.

IPECACUANHA IN LARGE DOSES IN ACUTE DYSENTERY.

By John Stephen, M. D.,

Fellow of the College of Physicians and Surgeons, of Reading, Pa.

If the attention of the medical fraternity was more particularly directed to the great superiority over all other remedies of ipecacuanha in large doses, in the treatment of acute dysentery, it might be the means of causing a more general adoption of this mode of treatment, thereby saving much suffering by bringing to a speedy and successful termination this painful and dangerous disease.

From the manner in which this method of treatment is referred to by the larger number of our standard authorities, as well as from the mode of treatment pursued by a large number of physicians with whom I have daily intercourse, I am satisfied that ipecacuanha in large doses does *not* receive the consideration which its virtues demand.

Its curative power, when given in doses of from thirty to eighty grains, is certain and complete; and its therapeutic action so strongly marked as to entitle it to be considered as much of a specific in acute dysentery as is quinine in intermittent fever.

In adults or children in the sthenic or asthenic, in the earlier or the later stages, in the mildest, as well as in the severest cases, it is equally applicable; and the change in the condition of the patient, after the first or second dose, from the severe cutting pains, violent tenesmus, and constant discharges, to the entire relief from tormina and tenesmus, and a return to healthy evacuation, is indeed wonderful. A few cases will not be out of place:

Case I.—Mr. J. R., æt. 40; a tall, well formed, robust man; called to see him June 26th, 1870, at 4 o'clock, P. M.; has had twelve discharges since noon, principally blood and mucus; pulse 98; tongue coated; much pain and tenesmus; well marked dysenteric case. Ordered six drachms of castor oil, with five drops of laudanum.

June 27th. Frequent discharges during the night; feculent, blood and mucus; ordered one and a half grains of opium, to be followed in an hour by a draught containing forty grains of powdered ipecacuanha, to be repeated in seven hours, the region over the stomach to be painted with tincture of iodine three-fourths the officinal strength.

June 28th. Had three discharges the last twenty-four hours, only one slightly tinged with blood; no pain or tenesmus since taking first dose of ipecacuanha. Ordered same quantity of opium, to be followed in one hour by fifty grains of ipecacuanha, tincture of iodine applied as before.

June 29th. Patient met me down stairs; feels well; has had no discharge in the last twenty-four hours. Ordered one ounce of peppermint water, one drachm of camphorated tincture of opium, one drachm of compound spirits of lavender, one half to be taken immediately, the other half in the evening.

June 30th. Has had one perfectly healthy discharge. The bowels have recovered their normal condition; patient is well; no diarrhœa followed, or relapse.

Case II.—Mr. McC., æt. twenty-five; very severe case; pulse, 112; tongue much furred; tormina and tenesmus excessively severe; bladder sympathetically affected; frequent micturition; over twenty dysenteric discharges the last hour. Ordered forty drops of laudanum, to be followed in half an hour by sixty

grains of ipecacuanha in some sweetened water, and a sinapism applied over the stomach.

July 10th. Patient better; pulse, 94. No more tormina or tenesmus after taking first dose of ipecacuanha. Had three evacuations; semi-fluid, feculent, no blood or mucus. Ordered one more dose, same as before.

July 11th, 8 o'clock P. M. Patient has called at my office. Upon remonstrating with him he replies: "I feel well; have had only one passage since, and that was natural; didn't think a little walk would hurt me." No diarrhœa or relapse.

CASE III.—Mrs. R., æt. fifty-four; bad constitution; system prostrated from various causes; the last of which was an attack of typhoid fever, from which she has just recovered. Called to see her Sept. 6th, 1870, at 2 P. M. Pulse, 118; tongue very much coated; usual dysenteric symptoms, much aggravated; has vomiting. Upon inquiry as to the frequency of the discharges she replies: "Up and down all the time; have not a moment's rest;" little mucus; much blood; nervous complications. Ordered forty drops of laudanum to be followed in half an hour by fifty grains of ipecacuanha in some sweetened water; dose to be repeated in the morning; with the understanding that I would visit her in the afternoon.

Sept. 7th. Has had no discharge since taking first dose of ipecacuanha; no pain or tenesmus. Two hours after taking last dose, a rather severe attack of vomiting set in. Ordered two ounces of camphor-water; two drachms of camphorated tincture of opium; two drachms of compound spirits of lavender; one tablespoonful every three hours.

Sept. 8th. Vomiting is stopped. Discharges natural; patient convalescent, though weak. Ordered a mild tonic. No diarrhœa or relapse.

The above are only a few out of quite a number of cases, treated by ipecacuanha, in large doses, within the last four months; the disease in every case yielding as "gracefully" as in those reported. Tincture of iodine, or sinapisms, were applied in about one-half of the cases, without, however, any marked lessening of the disposition to nausea or vomiting. In a few cases there was neither nausea nor vomiting; in several only nausea; but in none of the cases did vomiting intervene, until the remedial power of the ipecacuanha had so effectually "wiped out" the disease, that in no one instance did diarrhœa complicate the convalescence; nor was any case followed by a relapse

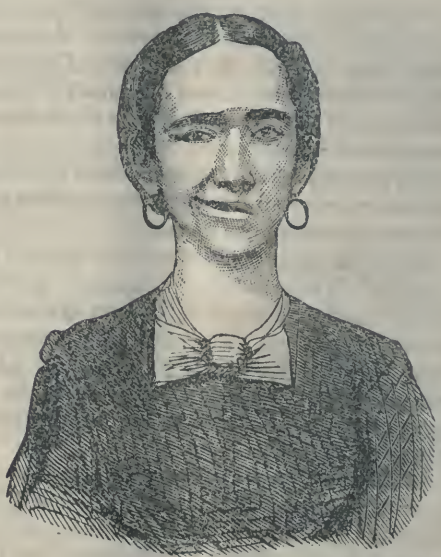
---

PARALYSIS OF SIDE OF FACE—TREATED BY OPERATION.

By J. E. GARRETSON, M. D.,
Of Philadelphia.

The following case is recorded simply as an experience which may be useful as a reference:

The lady represented by the accompanying photograph applied two years back for relief from the deformity exhibited, the irregularity of features being dependent on injury done the facial nerve in an inflammation and necrosis of the temporal bone from accident met with in childhood; paralysis was complete; not the slightest power existed in the muscles of the affected side.



The desire of the patient was for a symmetrical mouth and face; the question was, the accomplishment of such an end.

TREATMENT.—A case of this kind treated by any of the various means of nerve stimulation is, of course, a consideration not involved. What is done can only be from the mechanical stand-point. The indications being three-fold:

1st. To reduce the flabby redundancy of the paralyzed cheek.

2d. To give comeliness and regularity to the mouth.

3d. To antagonize the muscular action (when in play) of the vital side.

In this case these indications were attempted to be met by means as follows: A study was made of the cheek, and what was deemed to be the redundant tissue was included in an ellipse drawn with a lead-pencil, the apices being, the one, at the middle of the nose, the other, at the angle of the lower jaw. Such direction of the ellipse being with a purpose of raising the angle of the mouth. Satisfied that such removal would be found rightly placed to meet the two first indications, the part was cut out. In the operation the facial artery was the only vessel needing a ligature, and even this, indeed, ejected no more blood than does an ordinary coronary.

To bring the parts together, three hare-lip pins were used, and agreeably to my surprise, so direct and immediate was the union that it was found permissible to dispense with two of them on the following day; the third, the middle one, was left in until the fourth day; but this, not seemingly from any necessity. The ligature, a strand of ordinary silk, remained firm for three weeks, and was finally taken away only by the use of a traction quite as great, I should think, as would have sufficed for its removal the moment after it was placed about the vessel.

The result of this procedure exhibits itself in this second picture. With the features in a state of rest, nothing more, it would seem, could be desired.

The third indication, however, showed itself a most important one. Emotion of any kind altered this mechanical harmony of the parts and exhibited the non-vitality of the side operated upon; that is to say, that in laughter, for example, the superior and lateral levators would pull up the well angle, with no corresponding action on the diseased side. This was, of course, a matter which had been originally considered. The indication was met with remarkable success, as follows: A piece of rubber tubing four inches long possessed of an elastic power, adapted to the requirements of the case, was attached by one of its ends to a hair-pin (the ordinary pin used by ladies in dressing the hair). To its other end was united a piece of strong but delicate gill-net string, and this, in turn, was connected with a small strip of flesh-colored court-plaster.

The application of this piece of mechanism —an artificial muscle, let us call it—was made as follows: The plaster was softened and applied to the dead side of the face, as far back upon the cheek as would answer the purpose. When fixed, the lady, standing before her glass, would excite the displacing muscles into play, and antagonize them by drawing slightly backward the dead side with the artificial muscle, and fix it in such required tension by the pin fixed into one of the coils of her hair, the rubber lying entirely concealed by such coil. When applied, only the plaster could be seen, the string being hid by the hair.

This rubber muscle answered its purpose admirably. The fear that the plaster would irritate, and, perhaps, ulcerate the skin seems to have been without foundation. At any rate this held good for six months of use, which was as long as I was able to have oversight of the case, the lady living in a distant city. Should, however, this accident have supervened, it was evident, after a very few days of experience, that a fashion or habit might soon be attained of accomplishing the same object by the use of the fingers applied in such common manner as not to elicit attention.

The result of this operation, the only one of the kind I have performed, has given results which I think will warrant its repetition.

CASE OF SYPHILITIC HEMIPLEGIA.

By A. I. Lawbaugh, M. D.,
Of the Long Island College Hospital.

HISTORY.

C. T., æt. 38 years; sailor by occupation, for the period of twenty years, during which time he was exposed to all the vices, vicissitudes,

and hardships of that pursuit. Still he enjoyed reasonably good health the greater part of the time, with the exception of occasional attacks of remittent fever, peculiar to tropical climates.

About six years ago he had a syphilitic sore, followed by the usual secondary symptoms. During the winter of '69 and '70, while in the city of London, England, he was seized with a weakness and dragging in his left leg, which soon increased until the paralysis was complete.

He entered the London hospital, and was under treatment there for some time, with no improvement, but a gradual decline; and was finally told by the surgeons in charge that his case was hopeless; that they could do nothing more for him.

The American consul then sent him home to New York; from whence he came directly to the Long Island College Hospital.

CONDITION ON ENTERING THE HOSPITAL.

The entire left side paralyzed; patient helpless, requiring assistance in cutting his food, going to stool, &c. His general condition poor; very much emaciated; very little appetite; and bowels irregular.

He gave no previous history of either clot, tumor, or softening of the cerebral substance, nor of any spinal irritation; the history being one of previous syphilitic disease.

The conclusion was at once drawn that the hemiplegia was one of its many manifestations.

TREATMENT.

He was first put upon a mercurial course—Hydrarg. sub-mur., gr. one-tenth every hour during the day. Was ordered, at the same time, good nourishing diet, with the direction that he be made as comfortable as circumstances would admit.

PROGRESS OF THE CASE.

The mercurial course was continued, without any interruption or addition, for the period of one month, at the end of which time there was no manifest mercurial action; but his general condition was better. He was now put upon the following:

℞. Potassii iodidi, ℥ij.
Tinct. phytolaccæ dec., ℥iij.
Aquæ, ℥iij. M.
Sig.—Tablespoonful three times daily after meals.

While under the mercurial course, the paralysis gradually improved, so that he was able to move about the wards of the hospital to some extent without assistauce. He could, by some effort, flex the thigh upon the abdomen; but the leg was still quite weak and numb, and the power of moving the foot in any direction very slight.

In his attempts at walking he would throw the weight of the body upon the healthy leg, tilt the pelvis, and then, by a swinging motion, carry the paralyzed limb forward. In the arm the extensors had in part regained their power, so that the various portions were in not so great a degree of flexion as at first. The muscles about the eye were in complete restoration of power.

He continued the before mentioned prescription for nearly three weeks. The improvement did not appear to be so manifest as at first. But treatment continued with slight alterations:

℞. Potassii iodidi, ℥j.
Tinct. iodini, ℥j.
Tinct. phytolaccæ dec. ℥ss.
Aquæ, ℥iij. M.
Sig.—Tablespoonful three times daily.

Under this treatment his general health continued to improve; but the paralysis does not improve in a corresponding degree. The latter prescription at the end of three weeks discontinued. The patient's general condition being now greatly improved, strychnia was administered with the hope of relieving, if not permanently curing, the remaining paralysis.

The following was now ordered:

℞. Acid nit. dil., ℥ss.
Strychniæ, gr. j.
Aquæ, ℥ijss. M.
Sig.—Teaspoonful three times daily.

This was continued for the period of two weeks, during which time there was no marked change for the better. At the commencement of the third week, however, improvement of the paralysis was evident; most manifest in the arm; patient now able to flex and extend at will to some extent both fingers and arm.

The paralysis of the muscles of the thigh improved, but that of the leg only slightly, and the foot none at all.

During the administration of the strychnia, its specific action, otherwise than in the improvement of the paralyzed limbs, was not very manifest. It was now ordered to be administered hypodermically.

Accordingly, 1-30 gr. of strychnia was injected into the loose cellular tissue beneath the the thin integumen of the anterior surface of

the forearm of the affected side. The injections were repeated every other day, the patient receiving, in all, some fifteen injections, making the whole amount of strychnia injected, ½ gr. The improvement, at the end of that time, and indeed during the time of its administration, was very manifest.

The patient several times expressed the opinion that "he felt himself growing stronger after each injection."

He now had almost perfect use of his arm, was able to pronate, supinate, flex and extend, and able to perform his duties as gate-keeper of the hospital. He could unlock and open the gates as well as though his arm had never been paralyzed.

The muscles of the thigh and leg had also nearly regained their former strength, so that he could move the foot forward in a natural manner. He had complete control of the foot, with the exception of the toes; they still remained almost motionless.

Patient left the hospital one month after ceasing the use of hypodermic injections of strychnia, greatly improved in his general health, and almost completely relieved of the paralysis from which he had been suffering for so long a time. The restoration of the arm is perfect. He is a little impeded in running, by not having complete control of the toes, but even that has been improved somewhat within the last month. The formula used for the hypodermic solution was

℞.	Strychniæ,	gr.j.	
	Acid phosphor. dil.,	gtt.ij.	
	Aquæ,	℥v.	M.

Sig.—♏x= 1-30 gr.

REMARKS.

This case is of interest from several considerations. It was a case evidently of syphilitic origin, was of long standing, and we have no reason to doubt but he was well treated when in the London Hospital. The patient himself states that he took largely of syrup of sarsaparilla; the probability is that it contained *iodide of potassium*.

There was nothing specially new in the mode of treating the case while in the Long Island College Hospital. It will be seen from the record, that the patient was first put on a mercurial course—small doses of calomel repeated often.

This was followed by the iodide of potassium, combined with the *tinc. phytolaccæ dec.* At the suggestion of Prof. ARMOR we have substituted, in many cases in the hospital, the *phytolacca* for the syr. of saraparilla. He claims for it very marked *alterative* properties, and that it is, at least, a valuable addition to the iodide of potassium.

Strychnia was also faithfully used, both by the stomach and hypodermically—the patient having been thoroughly *prepared* for it by the alterative course which preceded its administration. While there may be doubts as to how much, and what, the *medication* had to do in the relief of the case, the fact of the rapid recovery under the circumstances stated can not but be of interest to the profession.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Wednesday, Nov. 9, 1870.

Surgical Clinic of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc.

(REPORTED WITH NOTES, DRAWINGS, ETC., BY RALPH M. TOWNSEND, M. D.)

Keloid.

GENTLEMEN: The first case brought to your notice is the patient upon whom you have witnessed removal of sections of tumor at two preceding clinics. What was once the bed of the tumor is now a perfectly healthy granulating surface, but those of you who are seated near the patient, if you look closely, can already detect evidences of reproduction. As far as the results of the operations are concerned, this man has suffered no discomfort except that arising from lying or holding the head in one position. Apart from the operation he has been greatly troubled during the week with tenesmus and diarrhœa; why, I am unable at present to explain.

[The entire mass of keloid has now been removed with the exception of a portion lying immediately in the anterior median line of the neck. The ecraseur has cut either side of what remains so vertically to the surface of the neck that the remaining portion may be described as a cube, with a convoluted face, having heighth, depth and breadth of three inches. Dr. Maury proposes to gutter this in the middle line, and slipping over each half the chain of an ecraseur, remove them simultaneously. By such procedure he calculates to avoid all pressure upon the trachea.—R. M. T.]

The Result of Perineal Section

Two weeks ago I operated upon this man, whom you will remember as emaciated, tortured with pain, and seemingly at death's door; for I confess to you that I had my fears at the time as to whether he would not die upon the table. You see for your-

selves, and hear the man's statement that he is better in every way. Now in the result, not in the operation, you see the pith of clinical surgery. We introduce a sufficient number of times daily, through the opening in his perineum, a drainage tube into the bladder. This allows the urine to escape freely without irritating other structures. The old sinus are healing up and the man is rapidly convalescing.

I also show you the man upon whom I opened a specific bubo at the last clinic. He is free from any pain, and the parts have ceased discharging, except that dependent upon granulation.

Mucous Patches.

The case now before you is one of extreme interest, to which we might devote with profit the remainder of the hour.

Upon the vulvæ and perineum, extending back to the verge of the anus, and on either side of the buttocks of this woman, you see a peculiar growth. This affection has attracted more attention lately than any other connected with the subject of syphilis. I show you what is denominated a *mucous patch*, the "plaques muqueuses" of the French, and sometimes, though erroneously, condylomata.

The most frequent seat of this affection in women is where you now behold it; in men, around the anus and within the mouth. You find them upon mucous or muco-cutaneous parts, especially where there are little foldings or cut-de-sacs, kept moist by the retention of the secretions, and consequently unclean. You find them between the toes, where the discharge is thin and offensive; upon the lips, the tongue, tonsils, prepuce, vagina, and elsewhere.

This affection may attend primary syphilis as a secondary manifestation, as it is one of the earliest and most frequent secondary manifestations of syphilis, and I believe at no distant day will be conceded a concomitant of the tertiary form of specific disease. To illustrate the latter, it may be delayed in its appearance, but finally some extraneous circumstance, as uncleanliness, calling it into play, it becomes a feature or attendant of tertiary syphilis.

But what I most desire to impress upon you is, that *this form of disease is highly inoculable.*

According to the experience and writings of Rollet, Fournier and Diday, a man having intercourse with this woman may have developed a hard or Hunterian chancre. I have seen two cases, one now on hand in my private practice, where a patient with mucous patches upon the lip, kissing another, developed upon the lip of the latter a hard chancre, with its attendants of indurated base, involvement of the sub-maxillary lymphatic ganglions, of the affected side, and a profuse secondary manifestation of roseola maculata.

Sigmund and Hebra, of Vienna, teach the doctrines I endeavor to inculcate to-day.

During the late war, while Buel's army occupied central and southern Kentucky, soldiers by the regiment had syphilis as a result of vaccination with impure vaccine-virus.

[In the last edition, Oct. 1870, of "Bumstead's Venereal Diseases," he states that Dr. Viennois has adduced satisfactory evidence to show that many instances of the transmission of syphilis by vaccination are due to the lancet having been charged with blood taken from syphilitic persons. Dr. B., as a result of his thorough and exhaustive researches relative to the connection between vaccination and the transmission of syphilis, states:

1st. "Vaccination with pure vaccine matter, is sometimes the exciting cause of the appearance of a syphilitic eruption in infants already under the syphilitic diathesis; in the same manner that it gives rise to non-specific eruptions in strumous subjects. The history of the case and the order of evolution of the symptoms are generally sufficient to establish the diagnosis.

2d. "Syphilis cannot be transmitted to a healthy person by the innoculation of vaccine matter taken from a syphilitic subject, unless the lancet at the same time be charged with blood; in which case a chancre is produced, followed by general symptoms in the usual order of their evolution."

That the latter often does happen, is evinced by the many cases which Bumstead and Viennois instance, where, as a result of vaccination, specific disease spread to a large numbers of persons.—R. M. T.]

Mucous patches situated upon cutaneous or muco-cutaneous surfaces, are generally elevated about a line above the surface on which they appear to be superimposed. Those of you who have an oportunity to inspect Ricord's *Iconographie* or *Cullerier and Bumstead's Atlas*, will find excellent representations of this affection.

In the case before you, you see a granulated surface, reddish in color, and here and there ulcerated by the friction of the clothing. It has an unpleasant odor, arising from the muciform secretion which covers it. In a few exceptional instances these patches are dry.

Treatment.—You may here apply either chromic or nitric acid, or the nitrate of silver, which act by dessication, and afterward sprinkle the surface with powdered calomel or chalk. Ricord washes them twice a day with a solution of chlorinated soda (Labarraque's); then sprinkles them with calomel and separates the opposed surface by the interposition of lint.

Another treatmant in vogue in London consists in the application of two drachms of calomel, the same quantity of the oxide of zinc, and one ounce of lard. After a few applications the excrescences become dry and horny, fall off, and leave a raw surface, which soon heals. Mucous patches in the mouth should be touched with nitrate of silver or stronger caustic. Constitutional treatment should

not be overlooked, as mucous patches indicate saturation with the syphilitic virus.

[Berkeley Hill gives as synonyms for mucous patches, moist papules, mucous tubercules, and broad condylomata. He says the eruption commences as a papule, or several papules, which coalesce. If the papule originates in a hair follicle, it remains solitary and becomes an indolent pustule. In both sexes the initial lesion may, when kept moist, change to a mucous tubercle, by spreading a broader surface and secreting a thin fluid. In women, the mucous tubercle is frequently the first symptom observed, and sometimes the only one detected in the whole course of the disease. This author's treatment consists in frequent washing, covering with lint, and dusting with calomel, starch, or, if freely ulcerating, dried sulphate of zinc. Vide "Syphilis and Local Contagious Disorders," by Berkeley Hill.—Ed. 1869. Pp. 108, 109, and 298.

BUMSTEAD declares the terms "mucous tubercle" and "pustule," applied to this affection entirely inappropriate, "since it does not resemble syphilitic pustules or tubercules in its time of development, its symptoms, course, or termination." The name "mucous papules" is less objectionable, since this lesion consists in most instances of a development of the papillæ, forming broad elevations above the surrounding surface; but it is not always elevated, and may even be excavated, and is, moreover, so distinct in its characters from ordinary papules, and of such importance as a symptom of constitutional affection, as to entitle it to the separate name "plaque muqueuse," adopted by MM. DEVILLE and DAVASSE.—Bumstead on Venereal Diseases, p. 566. —R. M. T.]

Amputation of the Leg.

In the early part of the autumnal course I brought this man before the class for the purpose of removing some dead bone at the ankle joint. I then told him a subsequent operation would be necessary, and bring him before you to-day for that purpose. The joint is now open and the tarsal and lower surface of the leg bones diseased, eroded or worm-eaten. The joint has lost its cartilaginous endowment and synovial element. I now give this man chloroform, with the understanding that should I deem it necessary, amputation of the leg will be resorted to.

[The joint was found to be so extensively diseased that Dr. Maury amputated the leg at its lower third, making antero-posterior flaps, and then sawing the bone. Examination of the amputated foot showed involvement of all the ligaments and bones of the ankle joint, destruction of cartilage and synovial membrane and sinews everywhere, radiating through the soft parts.—T.]

ALBANY MEDICAL COLLEGE.

Obstetrical Clinic by Prof. E. R. PEASLEE, Professor of Diseases of Women.

(REPORTED BY T. D. CROTHERS, M. D.)

Menorrhea.

GENTLEMEN:—This case was before you last week: one of menorrhea and metrorrhea. The menstrual flow forbade an examination at that time, which I will make now. I find, by the sense of touch, the cervix patulous, rolled out, and dilated, so that my finger penetrates half an inch or more. With the sound I find the uterus in natural position; but on the posterior wall I detect a hard, tumor-like substance; it is small and bounded, and is probably a fibroid tumor. I do not suspect a malignant growth in one so young (they are seldom seen under thirty-five or forty years of age). Nearly half a pint of blood is discharged between the periods of menstruation, attended with much febrile action. I find tenderness over the ovaries, due probably to ovaritis, which keeps the uterus in a state of congestion. I think there is little connection petween the metrorrhea and menorrhea. In the treatment we shall care for the menorrhea first. I would put small blisters over the ovaries, and apply leaches to the os, with saline cathartics; this, with astringent injections and general tonics, will relieve the menorrhea. Then we may decide how to relieve the other difficulty.

Amenorrhea.

This case I wish you to note carefully. She is 17 years old, pale, anæmic. Has never menstruated. Her mother brings her here that we may give something to bring on the periods. What is the cause of this retarded menstrual flow? Is it her ill health, or is this the cause of her anæmia and debility? In my experience, 99 out of every 100 cases of retarded menses are the result of low condition of vitality and ill health. It is not uncommon that puberty should be delayed sometimes until 19 or 20 years of age. I have seen full development take place and no menstrual periods present, or follow for years. If the girl remains in health, never interfere; it is dangerous. This girl is nervous; has a slight discharge. I have found the uterus normal by this sound. I think this condition of the menstrual function due to debility and anæmia; warm water injections, and general tonic treatment, with aloes as a stimulant for the rectum and the bowels, combined in the usual formula with iron, will answer every purpose, and a speedy recovery may be safely predicted. You will probably ask "why I do not give emmenagogues?" I answer—I do not know of a single medicine that can be called an emmenagogue. We have nothing in the materia medica that will act as such alone. The term is a misnomer, and has no meaning in practical "therapeutics."

You should always be sure in such cases that it is not one of imperforated hymen. If so, and the secretions are blocked up in the vagina and uterus, great care should be exercised in puncturing the hymen. If a large incision is made, and the fluid escapes at once, the uterus will contract, and retention of its contents with septæmia, will follow. But if the incision is small and the contents drawn off gradually, no ill results will follow. This operation,

simple as it seems, is full of danger, if you do not realize the condition of the parts. I know a fatal case of rupture of the Fallopian tubes, and peritonitis following, caused by a free opening of the hymen; the uterus contracted forcing its contents up the Fallopian tubes, and through them into the peritoneum. In such a case I would lay open the abdomen and wash away the fluids at once.

Stricture of the Rectum.

This woman comes here with stricture of the rectum. Five years ago vascular warts were removed from the vagina, called malignant. This growth has been coming on ever since. It cannot be malignant, it is too long in growing. When her periods come on she has free bleeding from this part. This is vicarious menstruation. Pus has been detected in the faces, evidently from ulceration caused by retention of fecal masses. I find by passing my finger up the rectum a contraction of the muscular coat, which gives readily by pressure, and with this bougie introduced from time to time the difficulty can be readily overcome.

Rectocele.

In this case you notice the vulva with this bladder-like tumor hanging from it. She is in good health; menstruates regularly; has no difficulty in passing water; but cannot have a passage from the bowels without returning this tumor. My finger passing into the rectum glides into the tumor, and the diagnosis of rectocele is determined: it is below the sphincter. The diagnosis in such cases can not be mistaken if ordinary care is exercised, and the treatment will suggest itself to your mind, viz.: to replace the parts and keep them up by an instrument, or remove a triangular portion of the rectum and vagina, bringing the parts together, treating as you would a fistule of the vagina.

Inflammation of the Uterus.

This case is sent here with the diagnosis of chronic inflammation of the womb. I confess I know of no such disease. If by this is meant inflammation of the substance of the uterus, it is very rare. If by the term chronic they mean inflammatory action, continuous, it is an error; they confound inflammation with congestion, and call it chronic. I believe we can never have chronic inflammation; it must necessarily be acute. The result will be congestion, —this may be chronic. Acute inflammation may follow at intervals, and the congestion be continuous. Inflammation of the womb is either metritis (of its substance or body), or endometritis (of the lining membrane), or perimetritis (of the peritoneum that invests it on the outer side); or it may include trachitis, inflammation of the body of the cervix; or peritrachitis, of the investing membrane; or endotrachitis, of its lining membrane.

You realize, gentlemen, how indefinite this term is, and how much more so would be our treatment based on such a diagnosis. I find by examination a large sensitive cervix, fixed and rigid when pressed by the finger, and very painful; the uterus is natural, not sensitive, and nothing abnormal elsewhere. These symptoms, with the history, indicate trachitis. In the treatment, injections of luke-warm water with a few grains of salt to the pint, and rest, are all that will be required. I have found that pure water on mucous and serous membranes was irritating, but by the addition of a few grains of salt it becomes a soothing stimulant.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

April 6th, 1870.

Surgical Clinic of Prof. S. D. Gross.

(REPORTED BY DR. JAMES GRAHAM.)

Stone in the Bladder—Lithotomy.

Francis O'B., æt. 11 years. This lad was born in Ireland. He left that county when but ten days of age, and has since resided in the vicinity of this city. For the last five years he has had pain voiding his urine, especially at the close of the act; at times the stream stops suddenly; his prepuce is elongated, from being handled; his urine is clear, and his general health is good, and his spirits cheerful.

On sounding, immediately detected a stone; he was then ordered to be confined to his room, on light diet, and to take five grains of bicarb. of soda, three or four times a day, preparatory to the operation.

April 9th.—The patient's bowels have been thoroughly opened by magnesia; he has retained his urine for two or three hours, and he took a quarter of a grain of morphia, one hour ago. Chloroform was administered. [For an anæsthetic Prof. Gross uses chloroform exclusively. During its administration the patient is always in the recumbent posture; all source of constriction is removed from his body; his stomach is empty, and he is directed to inhale the chloroform by full inspirations from a folded napkin, upon which from half a drachm to a drachm of the fluid is poured at a time. The anæsthetic is always of the purest quality, and the Professor has never lost a case from death by its use.] A staff was introduced into the bladder, and the stone detected both by touch and sound. The patient was then placed in position, the breech projecting slightly over the end of the table, and the limbs confided to an assistant on either side. [Prof. Gross never ties the limbs.] Then resting upon his right knee, with the index finger of the left hand in the rectum, the Professor performed the lateral operation of lithotomy, in the usual manner, using a long, delicate, sharpt-pointed bistoury, and making the ex-

ternal incision scarcely an inch and a quarter in length.

The stone was readily seized with the forceps, and extracted with a lateral motion; it was oval in shape, measured upward of an inch in its long diameter, and was covered with rough, glistening crystals. The bladder was then washed out with tepid water. There was but little blood lost during the operation. On examination it proved to be a fusible calculus.

April 20th.—The patient has been comfortable since the operation; he has had no pain, sleeps well, and his appetite is good. The greater part of the urine passes by the natural channel. He will be discharged from the hospital this afternoon.

April 27th.—The boy walked into the clinic room; his wound has entirely healed, and he looks well.

Ganglion.

John R., æt. 45 years, a tailor. This patient has a tumor on the dorsal surface of his right wrist, of upward of a year's growth, and connected with the extensor tendons; it is of large, irregular shape, with a constriction running across it from above, downward and outward, dividing it into two portions. It is unattended with pain, heat or discoloration of the skin.

Diagnosis, a ganglion; an accummulation of synovial fluid in the fibrous sheaths of the tendons, due to inflammation of the synovial membrane, gluing its surfaces together. Inserted a delicate tenotome, a little in front of the anterior surface of the tumor; punctured the sac subcutaneously, and incised its inner wall in every direction. A thick, ropy, yellowish fluid escaped. There proved to be two distinct tumors. Accordingly the professor reinserted the knife at the side of the remaining one, and treated it in a similar manner. The walls of the cysts were very much expanded, thin, and lay immediately beneath the skin, and floating in the contained fluid were numerous masses of semi-organized lymph.

Painted the parts with tr. iodine; applied a compress, consisting of a circular piece of wood wrapped in a bandage, splint, and roller.

April 16th.—The treatment has been continued, the tr. iodine being applied every second day; the tumor has disappeared; removed the splint and roller.

April 30th.—The tumor has not returned.

Hare-Lip.

Catharine Moore, æt. 11 years; Frederick Moore, æt. 5 years. These children, a brother and sister, are affected with congenital hare-lip. In Catharine, it is a mere notch, on the left side, not extending, except at the free margin, through the substance of the lip. Fred.'s is on the right side, and rather larger; but in neither case does it extend into the nose. Gave Fred. chloroform, and dissected the lip from the gum, pared the edges of the fissure, inserting the knife at the upper angle of the cleft, and cutting downward; then, brought the parts together with two twisted sutures, inserting the first below, and wrapping the threads eliptically, and two interrupted sutures, one on the free margin of the lip, and the other at the upper extremity of the wound.

The little girl was then placed on the table, and chloroform administered; in this case the cleft was so small that the Professor did not deem it necessary to separate the lip from the gum, but merely pared the edges of the fissure, and brought the parts together, as in the previous case.

Neither case lost more than two drachms of blood, the lips having been compressed by spring forceps; the ends of the pins were cut off with pin-pliers, and the parents of the children directed to give them any kind of soft diet. The upper pins were removed at the end of the third day, and the lower ones a day later.

They returned, at the expiration of two weeks entirely relieved of the deformity.

BELLEVUE HOSPITAL, NEW YORK

Clinical Diseases of Children, by Prof. Jacobi.

Pneumonia.

A boy, 18 months old, was brought to the clinic, with the following history: Has been three weeks sick with fever, which did not appear to be periodic in its character. In respect to malarial fevers in children it may be said here that, whilst in adults you have the stages of fever and chill well marked, in small children the chill is entirely wanting, and instead you may have a blueness of lips or extremities, but of short duration; and in children there is a greater tendency to the double quotidian forms. The same type of fever that in adults will give rise to delirium, in children will give rise to convulsions.

It would not occur to any of you to measure the spleen in the first convulsion of a child, but if another occurred about the same time next day, I should strongly advise you to do so.

In the patient before you there does not appear to be any malarial poisoning, judging from the general history of measurements of the spleen. A physical examination of the chest, however, discloses the fact that there is pneumonia in the 3d stage, and here arises the question, can you have an intermittent pneumonia? Dr. Delaroche, of Philadelphia, has settled the matter for us that we cannot.

Treatment.—If the pneumonia is well established, but little can be done for it. Yet, if the temperature is high, that can be reduced by 6 or 7 grains of quinine before each exacerbation. If we see the case at the outset, veratrum viride or aconite may be administered. I prefer the former. In the present

case we shall give the quinine in 3 or 4 grain doses in solution.

Ovaritis.

Dr. DAWSON, of the clinic, presented a morbid specimen showing congestion of the Fallopian tu be and ovary on the right side, with four ounces of pus in the cavity of Fallopian tube adjoining the ovary.

The history of the case was, that patient was suddenly taken with what appeared to be a hysterical convulsion; to this succeeded fever and abdominal pains. After two or three days tympanitis set in, and six days after seizure, patient died in collapse.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

Thursday, Oct. 21, 1870.

Tuberculosis.

Dr. FLINT read a full and comprehensive paper on the above subject, giving the histological history of the tuberculous product since the days of Laennec, showing that what was formerly considered as infiltrated, is now by German authors supposed to be the effect of chronic catarrhal pneumonia, and the old gray-granulated variety is now thought to be true tubercle.

The doctor dwelt upon the cause very fully, taking up the subject of Inoculation, and of *Chronic Pneumonic Catarrh*, and came to the conclusion that clinical experience and not theory must settle the matter, and before the later views are borne out by an analysis and study of the cases he would hesitate to accept them fully.

In respect to treatment he made no new suggestions, merely summing up the different modes that have been suggested.

Dr. ALONZO CLARK was pleased with the tone of the learned article which had just been read, and coincided with Dr. Flint in respect to the accepting or rejecting the pathological views on the subject of phthisis in accordance with clinical researches.

Dr. Clark further stated that first in 1842 he investigated miliary tubercle, and advanced the opinion that miliary tubercle was composed of transparent cells, with a nucleus apparently imbedded in a like transparent matrix; that these cells became opaque and then granular, or in other words, underwent fatty degeneration, and ulceration with the bronchial tubes. In respect to hæmoptysis giving rise to pneumonic change, he stated that he never yet had seen a case in which a prior examination did not disclose diseased thoracic viscera, usually either heart or lungs.

BALTIMORE MEDICAL ASSOCIATION.

(REPORTED BY J. W. P. BATES, M. D.)

Quinine.

DR. ARNOLD—There is no article of the materia medica which has been made the subject of more general study than cinchona and its various preparations. The leading fact that Peruvian bark acts permanently as a specific in malarial fever, naturally excites curiosity to discover in what manner it checks, with such remarkable promptness, a violent and threatening disturbance of the whole system. Despite the discordant views which prevail concerning its physiological and therapeutical action, there is no remedy in practical medicine on whose efficacy greater reliance can be placed. Around this central clinical fact all the rest revolve, and every theory proposed to explain its action must keep this in constant view.

It is no easy matter, and systematic writers are aware of the difficulty to classify a remedy of such special therapeutical qualities as quinine. The shortest way to solve the question would be to assume that quinine is the antidote of the malarial poison, and there is certainly much that speaks in favor of this view. But besides our utter ignorance of the exciting cause of the malarial disease, and the slight analogy there exists between the counteracting influence of quinine on the presumed miasmatic poisoning and the direct neutralization of inorganic chemical re-agents, there is the further objection to be met that a number of differently constituted substances, as well as moral effects, sometimes put a stop to intermittent fever. Our knowledge of the chemical composition of cinchona does not help us to solve the problem.

Hardly less unsatisfactory have been the efforts to ascertain the physiological effects of quinine with the view of inferring its therapeutical powers. The results obtained by close observation and direct experiment show a singular want of uniformity. We are told that quinine in moderate doses has a stimulant effect on the circulation, producing increased cardiac action, frequency of the pulse, cerebral excitement, and a congested state of the respiratory organs. When given in large doses, an opposite train of symptoms of a decidedly sedative character is observed. This change of action, according to dosage, bears, therefore, some analogy to the well-known action of alcohol. As an offset to this, we have reliable accounts which attest the sedative influence of quinine when given in small doses, while enormous quantities have not been followed by the least injurious consequences. The admission that quinine is capable of setting up functional disturbance, and that it may thereby modify morbid conditions, is by no means evidence of its sedative qualities; neither is that explanation worth much which alleges that the improvement of the

nervo-muscular power, in exhaustion and debility, after a course of quinia, is owing to the tonic virtues of this remedy. Be this as it may, it is certain that the power which cinchona displays in the cure of malarial disease, is over and above that which it shares with calumba and cascarilla.

Not long ago the journals brought us the report of some highly interesting experiments undertaken by Prof. BINZ, to determine the action of quinia on the blood. The results he obtained appear to prove that it diminished the number of white corpuscles, and he concludes that it possesses decided antiphlogistic properties. Interesting as these experiments are, and fruitful as they may become in a practical point of view, they throw no additional light on the therapeutical action of quinia in malarial disease. Although the *post-mortem* appearances in animals which have been poisoned by over-doses of quinia show extensive engorgement and congestion of some of the viscera, yet no approach to an inflammatory state could be noticed.

There is still another theory to explain the action of quinia. This theory is founded on the belief that the symptoms of malarial disease are caused by the introduction of some morbid material which quinia is supposed to eliminate. The changes which the blood undergoes, according to this view, and the consequent disturbance of the circulation initiate and continue the fever until quinia, by stimulating the excretory functions, throws out of the system the foreign product which has been the cause of the febrile movements. This explanation has much in its favor, besides the assent of a large number of distinguished men, whose opinions carry great weight with the profession. In witnessing the phenomena of fevers, whether infectious or malarial, the suspicion is strong that some kind of poison is at work.

Diseases of this order more than of any other offer the strongest evidence of the presence of an agency which deeply affects the composition of the blood and attacks life at its very fountain. Through no other channel can a toxical cause be so easily transmitted, and enter into more varied relations with tissues and organs. The blood has been injured, and suffers changes that cannot but react on the whole system. The stage of incubation, the full development of febrile excitement, the nervous prostration and the efforts of crises—which is the elimination of the products of decomposition—all point to the invasion of a blood poison. It is now generally believed that, at least in what are called zymotic diseases, a process resembling fermentation underlies the characteristic symptoms. Important and indispensable as these considerations are in forming a correct knowledge of the etiology of fever, yet they had engaged the attention of pathologists in an exclusive manner, and left unnoticed the profound meaning of the part which the nervous system plays in fever. VIRCHOW, who touches nothing that he does not adorn, was the first who gave due prominence to the nervous element in the production of the febrile symptoms. Dr. PARKS, the able English exponent of Virchow's views on pyrexia, very justly remarks that not all infectious diseases produce fevers. Cholera, for example, is a highly infectious disease, but it is not essentially feverish. Conversely, pure inflammations and traumatic causes produce a high state of fever, into which an element of infection enters at the initial stage. It may now be asked, how then is fever brought about? Only when the nervous system in its most important parts is attacked by the toxical agent, or when by other causes, whether bodily or mental, in the absence of blood-poisoning, the moderating control of the nerve centres is resisted or enfeebled. This statement avoids the controversy about the original seat of fever, for it implies that, at least in zymotic diseases of whatever type, the nerves and the blood are the joint factors. Virchow, however, maintains the more special proposition that since the rise of temperature which follows increased consumption of tissue, is the essential and distinguishing mark of fever, it therefore appears to have its immediate cause in alternation of the nervous system. The theory involved in this proposition does not only harmonize with the great majority of facts, but has the additional merit of laying particular stress on the proximate cause of fever with which the practitioner has principally to deal. It would be irrelevant to undertake a lengthy exposition of this theory, the more so as its applicability is here only intended to be put to the test in explanation of the therapeutical effects of quinia in malarial disease.

The marked difference between the exciting causes of endemic and continued fevers, as displayed in the manner of invasion and course of symptoms, may be disregarded for the present, and exclusive attention directed to the leading features of malarial fever. It will at once become apparent that perverted nervous action takes precedence in the order of their appearance. The latency of the morbid influence of miasm is usually very short, and comes seldom under the notice of the attending physicians; but, whenever noticed, it is described as a feeling of lassitude, apathy and tiredness. All these subjective symptoms point to a defective innervation. Far more marked is the characteristic ague fit which betokens a deep implication of some of the nerve centres. The succeeding high grade of temperature, the cerebral and cardiac excitement, the pulmonary feebleness, the nervo-muscular depression and occasional gastric derangement, allow us no other interpretation than the presence of a serious interference with the normal regulating power of the nerve-moderators. The same state of

thing is inferable from the singular periodicity of intermittents, and their tendency to relapses; the absence of any discoverable lesions after death resulting from the severity of the paroxysm, and the results of physiological experiments which demonstrate that many of the symptoms are witnessed when certain nerves are injured. In accepting the present teachings of pathology, that symptoms of excitements, states of irritability, and faults of nutrition point to debility or defect of vital action, it may be argued that medicines which invigorate the system, and thus remove these morbid conditions, do so by virtue of their tonic influences. The indirect effects of quinia undoubtedly admit of this explanation, and the faith of medical men in its nervine-tonic properties stands unassailed. No one will question the benefit derived from this drug in low fevers and debilitated states of the body, nor ignore the satisfactory results that sometimes follow its use in the great neuroses. But the profession is now fully convinced that however effectual and prompt the curative effects of quinia in affections of malarial origin, or of a malaroid character, its positive and prominent therapeutical value is pretty much limited by the range of these diseases. Observation and experience have also decided on the truth of the cognate fact that the more prominently diseases evince periodicity, the more they are to be benefited by quinia.

If the above remarks concerning the proximate cause of malerial disease be taken into consideration, in conjunction with the admitted fact that quinia, in the majority of cases, cuts short or aborts the consequent morbid phenomena, then the inference follows that this medicine acts in a direct manner on the implicated nerve-moderators. All that is taken for granted is the correctness of the therapeutical doctrine which teaches that many remedial agents exhibit what is called an "elective affinity" for certain portions of the organism. This may or may not be an ultimate fact, but as long as this doctrine is not replaced by a better one, it can not be invalidated in this connection.

The drift of this reasoning would eventually place quinia among alteratives. Perhaps it is the best name for one of the best, because surest of remedies. The term "alterative," I am aware, is applied to medicine whose therapeutical action exercises a healthy influence on perverted nutrition and abnormal deposits; but in reality this technical designation expresses every mode of therapeutical effect. Whether quinia possesses the remedial virtues of removing exudations or of hastening the resolution of the inflammatory state is not very clear. At least experience teaches us to be cautious with it when visceral engorgement is present. Far greater services are derived from preparations of Peruvian bark in what are called functional diseases of the nervous system, and they enter more largely into the treatment of these disorders than any other class of medicines. These results of clinical observation are of great importance, as they add to the strength of the opinion which restricts the curative effects of quinia to the correction of perverted innervation.

In passing from the examination of the therapeutical action of quinia in the typical intermittents to the inquiry of the power it possesses in controlling a number of diseases of malarial origin, but which are unaccompanied by febrile symptoms, we are forcibly reminded of the multiform relations that a special morbid cause is capable of holding toward the organism. As miasm is the most widely distributed of all endemic poisons, there are few practitioners who have not been surprised at the various shapes malarial disease assumes, and the prompt relief obtained from quinia, in cases of a similar nature, but where the presence of the lurking poison is not suspected, and the happy thought of trying what a good dose of quinia can do suggests itself. A number of therapeutical virtues will be attributed to this remedy according to the bias of the physician. A diarrhœa, a cough, a neuralgia, or a spasm is seen to yield, which had previously shown itself rebellious to traditional antiphlogistic tonics, stimulants or sedatives. We would be much at a loss to offer some reasonable solution of this therapeutical riddle if we were not prepared to reply that the peculiar action of quinia breaks in upon the morbid causes which involve the moderating influence of special tracts of nerves as well as of nerve centres.

The highly interesting and puzzling class of diseases which some able observers designate as malaroid, because they often give way in a surprising short time to quinia, deserves also a passing notice. My own experience has made me acquainted with cases of pneumonia, inflammatory rheumatism, and some equally familiar diseases which ran a very chronic course until checked by quinia. Cases of this kind are known to occur at a time when intermittents are unusual, and in localities which are not infested by miasm.

It is a common practice to give various remedies in combination with quinia, either with the intention of preventing its unpleasant effects, or to fulfil certain indications of treatment. Antimony has the reputation of allaying the excitement consequent on large doses, and mercury is supposed to remove gastric and biliary derangements. This plan may occasionally be adopted with advantage. As a general rule, however, it is well to remember that the credit is justly due to the quinia alone. It is not easy to understand upon what rational grounds some practitioners hope to intensify the

qualities of quinia by squeezing it among a crowd of other drugs.

There is no abatement in the rush for substitutes for quinia. None of them has sustained the reputation claimed for it by enthusiastic discoverers. The medicine which comes nearest to it in antiperiodic powers is still arsenious acid. Dr. PIERSON, of Madras, speaks very highly of strychnia. He gives gr. 1-30 to 1-12 three times a day.

The general agreement in regard to the proper administration of quinia may be condensed into a few lines. No preparatory medication is required, though isolated cases may occur which indicate the removal of some gastric disturbance. As a certain time is required for the full development of its action, it is advisable to introduce the largest portion of the dose at the earliest recurrence of a pyrexia. Even small doses during the first hours of this stage, will frequently effect a cure, and similar benefit has been derived by giving it during the sweating stage. A large dose immediately before the chill is generally nugatory, nor will the severity and duration of the attack be lessened thereby. The American practice of giving large doses during the least abatement of the symptoms in remittent fever, whatever may be the state of the patient, is now generally followed. Children bear comparatively large doses very well, while the opposite is the case in aged persons. The form in which it is dispensed, whether in powder, pill or solution, seems to be of but little importance.

DR. DICKSON—Is quinine an antidote or not to malarial poison? Dr. HANDFIELD JONES says it is not, but that it acts as a preventive of the paroxysms by increasing the tone of the system. Large doses have a decided effect on the nervo-vascular system, as is evidenced by constriction of the chest and heart, which may produce death. The ringing in the ears, the weakened pulse, the blindness and the swimming of the head, are all proofs of this action. In regard to its usefulness there can be no doubt about the great benefits derived from it in the adynamic type of disease, as rheumatic fever typhoid, typhus, scarlatina, phlegmonous erysipelas and small-pox; in the nervous shock; when there is profuse suppuration; in menorrhagia and leucorrhœa; in bronchorrhœa, and phthisis, when there is great loss from profuse secretion. In the night sweats of consumption it acts well by contracting the vessels and giving tone to them. We should be cautious about its use in acute inflammation. In pyemia it has been used as an antiphlogistic and antiseptic, and has saved many lives, as also in gangrene. Dr. SPENDLER, of Bath, speaks highly of it in the after treatment of scarlatina. Dr. LYONS used the chlorate in scarlatina and diphtheria with hydrochloric acid, with good results. In enlarged spleen, from intermittent fever, it is supposed by some to reduce it by removing the effects of malarial poisoning, while others say it acts on the blood-vessels and produces contraction of them.

Dr. WILLIAMS—Connected with the so-called sedative effects of quinia is a most important physiological question. That it is an apparent sedative admits of no question, and that it is also a tonic, in small doses, is without doubt. Is it both sedative and tonic? Can any medicine be tonic and sedative? For myself I cannot admit it. Indirectly it may be true as in the case of alcohol, which appears to be sedative in large doses, but this is in reality the results of poisoning. FRENCH contends that it is sedative, and if this be true it would be useful in visceral congestions; but it has not proved so, and we do not use it. So I think this sedative effect is indirect, and results from poisonous doses. As to its mode of action: this is a difficult question to solve. No *a priori* reasoning will tell us that quinia will cure intermittents. That its action is not antidotal is proved by the fact that many other remedies will also cure that class of diseases. Arsenic, salicin dogwood—the latter having been used quite extensively in the South, both as a prophylactic and curative agent—are fatal to the antidotal theory. The only explanation is that of Dr. Arnold, that it acts by its tonic effect on the nervous system, especially on the vasa-motor nerves. In this it coincides with other remedies, as sulphate of zinc, which have proved efficacious in this class of diseases. Quinia is the safest and the most prompt of the class. This supports the opinion that malaria acts by depressing the nervous system.

As in all medicines, the mode of administration is very important. WOOD says gr. 16 are enough to prevent a recurrence of the chill. In many cases this is not enough; but I have found ℈j. sufficient, and as a matter of routine give that quantity in the twenty-four hours, so timing it that the last dose shall be taken two hours before the expected paroxysm. After once breaking the chill a smaller quantity will prevent a relapse. How long shall we continue its use? We all know that relapses are very prone to occur in seven days or some multiple of seven. I usually continue the treatment for four weeks, giving gr. xx for two days, gr. x for two weeks, gr. vi for one week, and gr. iij for one week.

This insures against a recurrence next spring, if used in an autumnal attack.

DR. NOEL—Jones has found in the blood a substance which gives the same spectrum analysis as quinia, which is absent in cases of intermittent fever. We find that it arrests too great histolysis in wasting diseases. I have gone back to the old theory of combustion. In phthisis we see cases in which the fever is very high, and the patient literally burns up. What may be the cause of this progressive loss of

strength we cannot tell, but we know that it is the fever and not the cough which is producing the unfavorable result. For this condition quinia is the best remedy, either alone or combined with strychnia, with opium to still the cough. In many cases given, as the sulphate, it fails, but succeeds when used as the phosphate and combined with dilut phosphoric acid. The same combination is useful in nervous diseases, after the abuse of narcotics or hypodermic injection, and when there is loss of nerve force from any cause. Draper says there is direct oxidation going on in the system, thus showing a direct combustion. Quinia retards this combustion, and so prevents the rapid breaking down of the tissues.

Dr. HOWARD.—I am anxious to hear something of its toxic effects. My own experience is limited, and I have no records to refer to, but there is a strong impression on my mind that a great deal of trouble is produced by the mal-administration. I remember a case in which the dose of gr. iv-v. was not well borne, and even when it reduced it produced decided evidences of insanity, lasting several days after the discontinuance of quinia. In the Southern army it was noticed that the Virginia men would not bear the doses in use among those farther south. Is not mental trouble following typhoid fever much less frequent now than formerly? My own theory is that it is, which I think depends upon the less frequent use of quinia in that disease. That the vasa-motor nerves are the proximate cause of chills is made evident by the number of cases cured by external applications. In the South, quinine being very high and difficult to get, we used turpentine stupes to an enormous extent and with great success.

Dr. CURRY—May not the unpleasant effects said to follow quinia be overcome by changing the form? Such has been my experience.

Dr. ARNOLD—What need we care for these transient effects when we consider the great use of quinia? We would be willing to take a dozen such remedies. When I entered the profession, quinia was used in typhoid and typhus fevers, but I cannot tell whether it increased the delirium or not. We are tempted to use this remedy on a large scale, and to look about us for affections, whether febrile or not, in which to use it. If asked if quinia has cured in a single case of non-malarial disease, I must answer, I do not know. We cannot hope much for it in typhoid fever and pyemia, and it is of no use in chorea, epilepsy and tetanus, although it is useful in nervous diseases not accompanied by a chill. When used in diseases other than malarial, it is a tonic bitter and acts as all other bitter tonics.

Dr. HARTMAN—HEADLAND classes quinine with the restorative hæmatics. Dr. BENCE JONES' theory is that it simply restores a lost principle to the blood. WOOD thinks its sedative effect is indirect, such as characterizes excitation. WALKER says it is a sedative to the different nerves, and acts as a poison in debilitated and asthenic conditions. THOMPSON and many others deny this. We may conclude from all the evidence before us that in moderate doses it produces no deleterious effects. The common people think that it produces pain in the bones and muscles, and attribute visceral induration, ascites, etc., to its use, when the truth is, these are the results of the malarial poisoning and not the effects of the drug. I have seen a case in which deafness, lasting two years, followed its use. BALDWIN mentions a case of amaurosis of four years' standing traced to the use of quinia. He also mentions a case of a negro girl in which gr. viij, in divided doses two hours apart, produced death. He thinks that gr. l-lxxx in solution will kill in healthy adults.

Dr. UHLER—I have had large experience in the use of quinia, and have seen no evil effects. I have given it in large doses, in old and young, without fear of dangerous consequences.

Dr. ERICH—The truth is, that it removes the very symptoms it is accused of producing. On account of its high price and bitter taste, we do not see the results of long continued use. I have found it useful in my own person for loss of sleep, nervousness, resulting from over-exertion and dyspepsia. It increases the appetite and acts as an antidote to sleep.

Dr. WILLIAMS—Recent authors say the sedative effects of alcohol are the result of direct poisoning, and it is a question whether this may not be true of quinia. Would it not produce bad effects if long continued? Dr. Erich has referred to the reason why it is not long continued. Can any permanent deafness be traced to quinia? So many cases are produced by cold, hardened wax, etc., that I cannot conceive of any poisonous effect which would expend itself on the nerves of the ear rather than on the nerve centres. If permanent deafness follow, there must have been some serious disease of the brain. In regard to the theory of Headland and Jones, a single case of cure by any other remedy is fatal to it. I indorse the remarks of Dr. Arnold on the limited use of quinia, and consider it a waste of the medicine to use it when other tonics will answer better. Strychnia is an infinitely better tonic than quinia. In the high grade of hectic or phthisis, I use strychnia and quinia dissolved in acid. phosphor. dil. In typhus and typhoid fevers I use strychnia. The chlorate of quinia is not so efficient as the phosphate.

DR. TITCOMB—I have been frequently disappointed in the use of quinine this summer, and believe the occupation and the condition of the mind have much to do with its effects. Some cases in

which quinine failed, a cure was effected by liq. potass. arsen., gtt. vi; tr. gelsimini, gtt. xv; ter die. Others were relieved by podophyllin and leptandrin.

DR. ARNOLD—In regard to the evil effects attributed to quinia, we can dispose of the question by referring to the older authors before quinia was known. All describe the enlargements, dropsy, etc., as following intermittent. I have given gr. xii in the twenty-four hours to a child sixteen months old, with no ill effect.

MEDICAL SOCIETY OF VIRGINIA.

[We are rejoiced to announce the reorganization of the Medical Society of Virginia, after a hybernation of ten years. It was one of the best medical organizations in the country, and we look for much from it in the future. We are indebted to Dr. F. HORNER, of Salem, for the following report of the proceedings.—EDS.]

Quite a large number of the members of the medical profession of Virginia, representing every section of the State, assembled November 2, in the Chemical Hall of the Medical College of Virginia, for the purpose of organizing a State Medical Association, or to revive the old Medical Society of Virginia.

Dr. JOHN S. WELLFORD, on behalf of the Committee of Arrangements of the Richmond Academy of Medicine, extended a welcome to the members of the Convention, and on his motion Dr. James B. McCaw was appointed Chairman, and Dr. D. L. Edwards Secretary.

The chairman gave a brief history of the birth, life, and death of the old society, and announced that the chair was ready for the transaction of business.

On motion, Drs. Cheatham and Hicks, of the North Carolina Medical Society, who were present, were invited to take seats in the body.

On motion of Dr. FAUNTLEROY, of Staunton, a committee of thirteen, to be appointed from the different sections of the State, was chosen to report upon the permanent organization, and submitted in substance the constitution and by-laws of the former association.

The Convention then adjourned until 8 P. M.

Evening Session.—The Convention was called to order at 8 P. M. There being a much larger attendance than in the morning, the Chair requested those who had not done so to come forward to the Secretary's desk and enroll their names.

The Chairman of the Committee on Permanent Organization presented his report, recommending the constitution of the old society with one or two amendments—viz.: refusing to consult with an expelled fellow, and providing for six vice-presidents, which was adopted. The by-laws of the old society were also accepted. They then nominated the following members for the different offices:

For President—Dr. R. S. Payne, of Lynchburg.

1st Vice-President—Dr. G. S. Wellford, Richmond city.

2d Vice-President—Dr. J. Staige Davis, University of Virginia.

3d Vice-President—Dr. William Selden, Norfolk.

4th Vice-President—Dr. T. C. Brown, Abingdon.

5th Vice-President—Dr. V. T. Churchman, Augusta county.

6th Vice-President—Dr. H. McGuire, Winchester.

Recording Secretary—Dr. D. L. Edwards, Lynchburg.

Corresponding Secretary—Dr. Frank D. Cunningham, Richmond.

Treasurer—Dr. J. R. Hamilton, Staunton.

Executive Committee—Drs. Hunter Maguire, Richmond; J. H. Claiborne, Petersburg; R. L. Madison, Lexington; M. M. Lewis, Alexandria, and John J. Kindred, Suffolk.

The chairman *pro tem.* invited the Society, on the part of the Faculty of the College, to participate with them to-morrow evening in the discussion at Zetelle's, of the subject of bivalves.

The President, being escorted to the chair, returned his thanks in a few appropriate remarks, and called the Society to order.

On motion of Dr. WILLIAM W. PARKER of Richmond, a committee was appointed to memorialize the Legislature upon the granting of a charter for the Society.

On motion of Dr. HORNER, it was resolved to urge upon the medical men of the State to form local societies and coöperate with the State Society, and, on mention of Dr. PARKER, a committee was appointed to address the profession on the subject.

Dr. BLACKFORD offered the following resolution:

"That the tender of beneficiary scholarships to Congressional and Senatorial districts other than those in which the medical colleges are located, and the distribution of patronage to political persons such as editors, members of Congress, or local Legislatures, is derogatory to the dignity of the profession, and calculated to introduce into the profession unworthy members, who may introduce discord, into the professional ranks."

This resolution was warmly discussed *pro* and *con*, and was finally referred to a committee, who were directed to report to-morrow evening.

Dr. LATHAM offered a resolution pledging the support of the society to the medical schools of this State, which on motion of Dr. STRINGFELLOW was referred to the same committee.

On motion of Dr. MCCAW, the Society adjourned until Thursday morning at 10 o'clock.

[*To be continued.*]

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutic Use of Water.

Dr. Z. C. McELROY gives the following case in the Buffalo *Medical and Surgical Journal:*

Mrs. Mosgrove, æt. 28; mother of three children; a delicate woman in every respect; has been under treatment for a week or more for general debility, using agents increasing motion in the interest of repair; but is still almost without appetite, and has to force into her stomach most of what she does eat, against her taste in the matter; has had backache and headache a great deal; complains of great weakness, and is now sick at the stomach. Her color is not good; pulse small and thready; surface cool; pupils large, temperature barely natural; is pale and careworn; face wrinkled and dry; but she is up most of the time caring for her family.

My conclusion was that she had not fluids enough in her body to carry on the molecular changes necessary for her to feel well. The ideal may be differently expressed by saying that her blood was too thick to circulate. I told her to bring me a pitcher of warm water, holding two quarts, with a tumbler and slop-bucket. She promptly brought a two-quart tin pan as full as she could carry it, and a pint bowl. The first bowlful was swallowed with much difficulty; the second more readily, and no further trouble was encountered in getting all of the first panful down, which was something more than three pints. Her pulse rose in volume considerably during this time, and she felt uncomfortably full. Noticing that her clothing fitted closely, she was requested to remove it, which she did, and felt more comfortable. The second panful, at her request, was made quite warm, and after some delay it was all swallowed, the total quantity something over three quarts. About two pints were returned by spitting out mouthfuls, and partial vomiting during the time. All the time she was taking it she was urged not to vomit it up. Her face has now become quite ruddy, and glowing with color, pulse full and bounding; sick stomach, as well as headache and backache, all gone; surface warm and moist. As it was near dinner time I left her, requesting her not to throw up any more if she could prevent it, but when the sense of fullness subsided, to eat her dinner, and to continue her medicine. She was not seen again till late in the afternoon of next day. In answer to my inquiries, she stated that a good while after I left her yesterday she threw up a great deal, felt better, ate a hearty dinner, and had not felt so well at any time during the last five years as she had done since, and did not care a fig for any doctor that day. And her improvement has been permanent, for when last seen, near the close of September, she was quite well for her. I should have mentioned that the great bulk of water retained appeared at the bladder during the night.

Induction of Premature Labor.

MARK LONG, M. D., reports the following case in the *Lancet:*

The subject of the operation, Mrs. H., at the present time æt. thirty years, was delivered by me in November, 1868, of her first child, by craniotomy, after having endeavored unsuccessfully, and after employing all allowable force, to effect delivery by the long forceps. The contraction of the pelvis which rendered the performance of craniotomy necessary was at the brim, and was due to the approximation of the horizontal rami of the pubes behind the symphysis, by which the antero-posterior diameter was diminished, but to so slight a degree that I had considerable hope that the labor would be terminated by the aid of the forceps; in this, however, I was disappointed, as the forceps, although applied for more than an hour, did not advance the position of the head, and perforation had therefore to be resorted to. As the child was not a very large one, I advised my patient, before I ceased attendance upon her, to have labor brought on artificially at the seventh month, should she ever again become pregnant.

She accordingly consulted me when she was about six months advanced in pregnancy; and on the 14th of June, at 3 P. M., a fortnight more than seven months after she last menstruated, I passed an elastic tube about three or four inches within the os uteri, external to the membranes, and injected about a pint of warm water in a gentle stream, from which the patient did not experience the least pain or uneasiness. No pains came on that day, but she felt some "bearing down" sensations, which continued also the following day. At 3 A. M., on the 16th June, I was called, and found strong expulsive pains recurring every three or four minutes. On examination per vaginam, I found the os completely dilated, with the head presenting, and the membranes, which were very tough, low in the vagina. I therefore ruptured them, and the pains increased in rapidity and strength for about an hour without causing any advance in the position of the head, so that I began to think I should have to apply the

forceps; but just then some progress was made, and the labor was terminated in about a half an hour by the birth of a living female child, the placenta coming away in the usual manner. Since then the mother has made an uninterruptedly good recovery, and the child is doing well.

This is one of those cases in which the contraction of the pelvis is just sufficient to make it necessary to resort to the fatal perforation of the child's head if it be of or above the average size, and in which the induction of labor before the full time is of such great advantage, and usually followed by such satisfactory results; for it enables a woman, who otherwise, as in this case, would be debarred from ever having a living child, and would be exposed to all the suffering and danger attending the operation of craniotomy whenever she became pregnant, to bear a family with only the usual amount of pain, and with little if any additional risk.

The ease with which the uterine douche can be applied, and the efficacy with which it acted in this case, will form strong inducements to my repeating its use, should I again have occasion to induce premature labor.

Reviews and Book Notices.

NOTES ON BOOKS.

In some recent numbers of the London *Practitioner* a series of articles appeared on the "Uses of Wines in Health and Disease," by "the editor and staff." They have been republished under the name of Dr. FRANCIS E. ANSTIE, in this country. Dr. Anstie chooses to advocate that a "bottle of sound Bordeaux a day" is highly conducive to health and longevity. Such being his views, we are sorry they were republished this side of the water.

Among recent announcements the most noticeable scientific works are these: "On the Etiology and Prevalence of Diseases of the Heart among Soldiers," a prize essay by Arthur B. R. Myers, and "The Descent of Man, and on Selection in Relation to Sex," with illustrations, by Mr. Darwin.

BOOK NOTICES.

Twelfth Report to the Legislature of Vermont, relating to the Registry and Returns of Births, Marriages and Deaths, in this State, for the year ending Dec. 31st, 1868. Prepared under the direction of George Nichols, Secretary of State. Rutland. 1870. 8vo, cloth. Pp. 134.

We have often emphasized the value of statistical reports, and maintained that in these columns of figures, so uninteresting in appearance, lies the true source of social and medical progress. The present volume is a valuable addition to the literature of this important branch. In the introduction the Secretary of State acknowledges his indebtedness to the pen of Dr. L. C. Butler, Secretary of the State Medical Society, for the interesting practical deductions made from the tabulated statistics comprised in the report.

Some few of these deductions, the first to our hand, will give an idea of their interesting character. In reference to births, we find that in an average of twelve years the male exceed the female births just 5.7 per cent., in almost exact accordance with the general laws of sex. The two months showing the largest number of births are September and October, indicating that the cold Januaries and Februaries of Vermont, when people love to lie snug abed, are most provocative to fertile conceptions. That only one out of 143.3 births in the State is illegitimate is a fact of which the citizens may be justly proud. In Holland, the country of Europe which has the best record in this respect, the bastard births are 4 per cent. Concerning marriages, it is curious to note that the increase of those in which the maid is under twenty years of age is very observable. Divorces are increasing, and have been for some time, at the rate of about a half per cent. a year, which, says the writer, "indicates a laxity of morals which is truly alarming." In deaths, consumption is far ahead of any other disease. For the twelve years ending 1868 this disease counted 18.58 per cent. of all deaths, or very nearly one in five. The average of the decedents was 37.42 years, which is a high average. In 4,415 deaths 76 persons were over 90 years, and 4, or say 1 per mill. over 100 years.

But we must refrain from the temptation of going still further into these enticing studies, and refer those who would pursue them more deeply to the work itself.

Lectures upon Diseases of the Rectum, delivered at the Bellevue Hospital Medical College, session 1869–'70. By W. H. VAN BUREN, A. M., M. D., etc. New York. D. Appleton & Co. 1870. 1 vol. 12 mo., cloth. Pp. 164.

In these lectures the author treats of hemorrhoids, polypus and fistula in ano, fissure, stricture of the rectum, cancer, eczema, neuralgia, atony, the means of diagnosis, hygiene, and special therapeutics of the part he has under discussion. The style is lucid, and the matter practical and important. Little that is new or original will be found, but much that is useful and well put. More could have been said with advantage on the paliative treatment of hemorrhoids, on the non-cutting methods of cure of fistula in ano, and one or two other subjects. The general origin of several of these local diseases is slightly touched upon. And to our mind, the lectures and book should have *commenced*, not *concluded*, with directions how to make a rectal examination. But as the author lays no claim to anything more than to have written a "useful" book, we can certainly say that this much he has done.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 26, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.

HOW TO SAVE MONEY!

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the REPORTER from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

☞ *The Cash must always accompany the order.*

1. By taking all our serials, REPORTER, COMPENDIUM and POCKET RECORD, at $8 in advance.

2. By paying for the REPORTER 2 *years* in advance, $9, or 3 *years* in advance, $12, etc.

3. By sending *new subscribers*, and retaining $1 on each new name paying one year ($5.00) in advance.

4. By ordering *all their periodical literature* through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent. on orders above $50, and 10 per cent. on orders above $100.

6. To new subscribers remitting directly to us, we pro- to agents as commissions, and credit them 15 *months'* subscription for $5.

III. As a low-priced literature can only be sustained on the principle of CASH PAYMENTS, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be surprised if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the CASH IN HAND, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

THE DEFINITION OF LIFE.

What is life?

At all epochs in the history of physiology this question has been put. The answers of the ancients we do but laugh at. But what more can we do with those of the latest devotees of science?

"Life," says Bichat, "is the sum of the forces that combat death." These words do but mask the truism, that when we are not dead, we live!

So, too, does the definition of a later physicist—"Life is the continuance of function; death, the cessation of function."

These expressions do but refer to the outward, visible manifestations, not at all to the inherent differences between the two conditions.

This class of thinkers believe that the presence of physico-chemical changes, in the constant transmutation of organic matter, in the constant opposition to the degradation of tissue into its inorganic constituents, consists the whole of the phenomenon of life. But the question is, what subtle and hidden force prevents this degradation? What is the mysterious power which forbids the deterioration which is the mark of death?

A deeper class of minds maintain that beyond any mere chemical or physical course of phenomena rests a power of another kind altogether—one which manifests itself in actions wholly unknown to and inexplicable by chemical laws. We may call it the vital force, (*vis vitalis*), and it is as good a name as another, though much abused of late years.

Twenty years ago it was derogatory to a scientific man to believe any such force existed. Alexander von Humboldt, in the last edition of his *Views of Nature*, felt himself called upon publicly to recant the expression of his belief in the vital force, which in earlier years he had embodied in the beautiful allegory of the Rhodian genius. Were he now living, he might well exclaim with that other famous student of nature, whose story is familiar to all, "*recanto recantationem.*"

For of late, as we have heretofore hinted in this journal, the scientific mind is undergoing a change upon this point, and within the last year several of the most eminent teachers and interpreters of nature have come forth in strong language in favor of a vital force.

Not to quote at length the Abbè SECCHI

and Dr. POELMAN, it is enough to extract the following cogent remarks from a letter of Dr. LIONEL BEALE in the *British Medical Journal* of recent date. Speaking of the physical theory of life, he says:

If those who support this view could explain by physics and chemistry (*a*) *the movements*, (*b*) *the growth*, and (*c*) *the division of any particle of living matter of any organism in this world*, they might have some excuse for the very positive statements they make about the *physical theory of life.*

People are beginning to doubt whether, after all, living things are really so like machines and crystals and physical basis, and complex albuminoid matters in a state of rapid chemical change, as they have been led to believe them to be. And people are also beginning to doubt if those who have spoken so positively on the physical side really know much more than any one else knows about the nature of life; although, from their very decided manner, it was natural to believe they possessed very peculiar and perfect knowledge of the subject. Whether the physical theory of life would have resisted much better the "*furious onslaughts*" that have been made against it, if some other course had been pursued, is a matter of opinion; but it is quite certain that some of the strongest supporters of the doctrine are modifying their views, and are preparing to modify them still further. Those who have watched for ten minutes, under a high magnifying power, the varied movements of living matter, and have thought a little over the question of the nutrition of that living matter, will not easily be brought to believe that such phenomena are due to physical and chemical charges only. The number of such observers increases daily.

These are no words for argument or of hasty deduction, but condense in a few lines the long experience of a life devoted to the study of the phenomena of organic force in their simplest and primitive form; they are worth whole libraries of the trash of BUCHNER and similar theorists.

THE RIGHT TO POST-MORTEMS IN HOSPITALS.

Of late there have been several legal difficulties in England in reference to the right of hospital surgeons to make post-mortem examinations of patients who have died under their charge. The friends, in these instances, entered a complaint before a police magistrate, that there had been violation of the remains of the dead. The attorney for the defense explained the difference between a dissection and a necroscopic examination.

In order that in future such an unpleasant occurrence might not take place, the Superintendent of Guy's hospital has printed the following notice to friends and relatives of deceased patients:

The Governors reserve to themselves, in the interest of the public and as one of the conditions of admission to the Hospital, the right of causing a *post-mortem* examination to be made of the body of every patient who dies within the Hospital, by the pathologist or his representative, for the purpose of accurately determining the cause of death.

In the event of the friends or nearest relatives being opposed to such an examination, they are to communicate their wishes to the Superintendent, who will submit their objections to the medical officer who had charge of the deceased patient, and if he is of opinion that there is no urgent need for a *post-mortem* examination, the Superintendent is authorized to dispense with it.

This must present itself as a wise and beneficial regulation to all intelligent persons. The right to a necroscopic examination should be demanded by every public hospital as one of the conditions of admission.

ABOUT OURSELVES.

We do not often trouble our readers with business affairs in these columns; but so many encouraging words come to us from different sources that we would not be doing justice to ourselves or the writers if we did not make some acknowledgement of them.

Our Clinical and Medical Society Reports are receiving commendation from every direction. It will be observed that the practice and sentiments of almost every part of our broad land are represented in these reports. Foreign journals are quoting largely from them, as well as from other articles in our pages. No. 9, vol. 147, of *Schmidt's Jahrbücher* contains several extracts from the reports of Dr. HADLOCK of the proceedings of the Cincinnati Academy of Medicine, which, by the way, have received many commendatory notices.

A correspondent in Western New York writes, "Thanks for your labor in making THE REPORTER the best medical journal in America." A subscriber in Tennessee says, "Your MEDICAL AND SURGICAL REPORTER is regarded in this community as a valuable journal. I read it with increased interest every week, and anxiously look for its arrival." Another in Ohio writes, "Except the unavoidable interruption during the war THE REPORTER has come to hand every week with much regularity. I have been pleased with it many hundreds of times, for I have every number to this date since it became a weekly."

A subscriber in Illinois says, "I would not do without it for five times the subscription price. It is always right up with the times, and I wish

you everything in the way of success. It is a journal that the country physician cannot well get along without, for with it, if he is on the frontier he can get all the recent discoveries in the science of medicine, and he has one of the best practical works in all the land."

A correspondent in this State says, "Your journal suits us country doctors very well—that is, if their education has not been spoiled by literature and science! Now and then you find one of the latter stripe (but not in your humble servant), who will fancy something else. Your work is a good, manly one in publishing the journal you do. Its Clinical Reports are excellent, and I like them better than anything else."

The last correspondent refers to a class of men whose patronage is not worth consideration, and who do very little for the advancement of medical science. Our object is to seek the greatest good of the greatest number, and we often publish articles that to some men are a "stumbling-block" and to others "foolishness," but from which many whose advantages have not been good, or who are not over-stocked with self-conceit, draw instruction and encouragement.

Finally, we give the following quotation from an appreciative notice in the *Franklin Repository*, published at Chambersburg, Pa., one of our best weekly newspaper exchanges:

It requires a large amount of energy and an extensive circle of supporting friends to keep up an interesting medical journal weekly. THE MEDICAL AND SURGICAL REPORTER meets this want. Contributions come to it from all parts of the Union, and no rival publications can give so good a reflection of the profession generally. Its reports of the city hospitals and college clinics are excellent; but, after all, the characteristic of THE REPORTER is that it is the channel through which the vast body of the physicians of the country at large contribute their rare cases, strange experiences, new expedients, original discoveries and inventions, and interchange opinions upon topics of interest that arise in practice. THE REPORTER has a firm hold upon the profession, and need fear no rivalry.

As a corollary to what precedes, it is proper to add that it is MONEY AND MONEY ALONE that enables us to make THE REPORTER what it is. More prompt payments on the part of some, and increased efforts to extend our circulation by all, will add to our resources, and enable us to give subscribers more than they now get, and of greater variety. THOSE WHO HELP US HELP THEMSELVES.

Notes and Comments.

A Burning Earth.

A curious industrial application of a hydro-carbon called ozokerit, found as a mineral product in Moldavia and Walachia, has been made in England. A firm, noticing its brilliant light when burned, decided to experiment on it with the object of making candles. To all appearance this was a most unpromising idea. The ozokerit, in its natural state, is a dirty, brownish-black mass, and the public have been so luxuriously educated in the matter of illumination that nothing but a very handsome candle can compete with the lights of the present day. The success of the enterprise has, however, been perfect. By sundry processes of distillation and purification, a beautiful white, hard, waxy substance is produced, handsomer than spermaceti, not so transparent as paraffine, but possessing a brilliant gloss, and melting at a tempeature of 140° Fah. This high melting point (parafine being about 125° and stearine 130°) allows the employment of a larger wick, and this, combined with the naturally brilliant light of the ozokerit itself, makes the candles burn with a brightness exceeding than that of any now in use.

Chlor-alum.

A week or two since we spoke of the new antiseptic, the hydrated chloride of aluminium, now called chlor-alum. The last number of the *Chemist and Druggist* says: We mentioned last month that we should make certain experiments with this new antiseptic and disinfectant. As well as we can at present judge—and we have been very careful to arrive at a correct conclusion—chlor-alum possesses really marvelous antiseptic properties. It is superior in this respect to chloride of zinc, and is not poisonous. A piece of meat, smelling very offensively, soaked in a solution of chlor-alum, was rendered comparatively sweet in an hour. We confess that we were not so fully satisfied in trying it on drains. It was not by any means a failure, but its action did not seem so prompt as that of carbolic acid. It is sure to be a useful article, but much more extensive experiments are required to appraise its exact value.

How Many Doctors.

According to the reports of the present census, as far as consolidated, the whole number of physicians in the United States, including all ages, sexes, colors, and schools, is 74,000. The number of homœopathists, according to the *Annual Record of Homœopathic Literature* for 1870, is 3,362. The number belonging to other schools are not yet reported.

Elegant Preparations.

The pharmaceutist is exerting himself to make elegant, effective and palptable combinations of remedies, and to supply the physician with most of the officinal formulæ, and many others, in a shape in which they will keep well, and be easily administered. From Wm. R. Warner & Co. we are in receipt of several specimens of tonic elixirs, sugar-coated pills and—tell it not in Gath (because we have said so much in praise of temperance we suppose!) whisky—*pure* whisky, yes, and cognac too—"for medicinal purposes only!"

Domestic Medicine.

A sensible correspondent in North Carolina writes us inquiring which is the best work on domestic medicine, and adds: "People living in the country, miles from a physician, will, and indeed sometimes must, consult medical books, and it is desirable that they be provided with the most suitable. I frequently find them in possession of Gunn, or some still older book. I want one in harmony with the more enlightened medicine of our day, and at the same time safe in the hands of an intelligent lay-man."

There is much truth in this, and also sea-captains, travelers, missionaries, and pioneers, require such books. Yet there are physicians who deem it derogatory in a medical man to supply this legitimate demand, and would leave that whole field to pretenders!

Well Deserved.

At the Court of Quarter Sessions, of Pittsburg, on November 5th, a physician of the homœopathic persuasion came to grief, as shown in the following record:

In the case of the Commonwealth *vs.* Dr. Thos. Hewitt, convicted on an indictment charging him with procuring an abortion, he was called up for sentence and required to pay the costs of prosecution, a fine of six cents and undergo an imprisonment in the penitentiary for a term of three years.

Elasticity a Mode of Motion.

At the meeting of the American Association for the advancement of Science, Prof. Walling read an interesting paper on the above subject. It was an attempt to show that elasticity, like nearly all the other so-called primary properties of matter, is merely a manifestation of atomic motion, and that this is true not only in regard to gases, as is now already recognized in the dynamic theory of gases, but also in regard to liquids and rigid bodies; that in fact the rigidity of solids is a consequence of the peculiar arrangement of the atomic orbits in rings in different planes of motion, the connected orbits being made up of lines of atoms in close proximity, connected at the molecular poles in such a way as to form in each plane a sort of *latticed truss*, giving rigidity of form to the entire structure, whether a crystal or an amorphous aggregation of minute crystals.

In liquids and solids, each physical molecule is supposed to be made up of at least three closed orbits or rings of atoms revolving in different planes, and forming at their intersection six crystalline poles.

Lager Beer.

A chemical examination of this popular drink is before us: The sample analyzed had been kept for two and a half years in casks; the liquor had a deep brown color; its taste was pleasant, but not bitter. One litre of this beer contained—Water, 878.4 c.c.; extract, and other following substances, in grms., 70.5; alcohol, 48.8; carbonic acid, 2.3; sugar, 5.0; phosphoric acid, 0.58; nitrogen, 0.46; ash, 2.4.

Detection of Strychnia in Medico-Forensic Analysis.

Dr. Weyrich relates in the *Moniteur Scientifique* a case of poisoning, with strychnia, of a person accustomed to consume opium, and to whom had been given large doses of ipecacuanha, while, moreover, a portion of the contents of the intestines had to be tested for mineral poisons. The real bearing, therefore, of this case turns upon the detection of strychnia in the presence of emetine and morphia. The strychnia was detected in an alcoholic extract of the materials taken from the corpse, by means of the reaction produced by strong sulphuric acid and bichromate of potassa, which at first oxidizes only the emetine, and, this having been removed, produces the well-known purple coloration, due to the action of the bichromate and sulphuric acid upon strychnia. The morphia was detected in a separately made amyl-alcoholic solution, by means of molybdate of soda in dissolved concentrated sulphuric acid.

The Venom of Scorpions.

Dr. Jousset's account of a series of experiments on the venom of the *Scorpio occitanus*, a rather common *Arachnida* in southern Europe, is quoted in the *American Chemical News*. The author draws, from his experiments, the following conclusions: The venom of the *Scorpio occitanus* acts directly and solely upon the red blood globules. This action consists in withdrawing from the globules their property of gliding over each other. By losing this property, the blood globules become glued together, and, by thus becoming an adhesive mass, obstruct the circulation of blood in the capillary portion of the vascular system, thereby causing a stasis which is altogether incompatible with the proper conditions of

life. The author also observes that, since the action of the scorpion's venom is purely chemical, and that a certain quantity of it (the venom) is required for exerting its action, it essentially differs from virus, which acts as a ferment.

Injurious Earthenware.

In a German chemical journal attention is directed to a report to the Bavarian Minister of Commerce and Public Works, concerning the means by which, in the manufacture of earthen and crockery ware, the use of enamels containing lead as a flux may be either entirely avoided, or rendered innocu ous, by the use of a very limited and small quantity of oxide of lead in combination with other substances, so as to prevent the glaze being acted upon by week acids, such as, for instance, vinegar.

Correspondence.

DOMESTIC.

Some Remarks on Hospital Surgeons.

EDS. MED. & SURG. REPORTER:

In your esteemed journal of August 13, 1870, you do me the compliment to comment upon some extemporaneous observations I am reported to have made a few months since, on the occasion of the reading of a paper before one of the Medical Societies of this city, by Dr. O'Sullivan, upon the subject of the comparative value, to medical scientific investigation, of hospital and dispensary practice. You therein suggest, and you are not alone in the idea, that, as reported, my remarks led to the inference that my estimate of the value of the labors of hospital physicians in the advancement of our science does not perhaps do them justice. Our very highly valued friend writes me, inspired by your reports and comments, that he thinks me too hard on hospital physicians.

Having spent some eight years of my professional life in hospitals, it is, perhaps, fair to infer that, whatever opinion I may entertain as to the professional habits and general character for scientific productiveness of hospital physicians and surgeons, it has not been formed without some opportunity for observation. It is a duty to myself, however, as well as to the hospital physicians, to here assure them that, in my reported remarks, I had not the least intention of depreciating the advantage and the importance of the field for observation and experiment they enjoy; or to convey the idea that they, as a class, had not used their opportunities in a manner to redound to the greatest good of suffering humanity.

My observations were, it is true, somewhat one-sided, made so purposely to encourage and sustain the sentiments of the author of the paper read on the occasion, to the effect that our public dispensaries furnish large and fertile fields for study, and that it is by no means true that hospitals alone furnish available means for the scientific study of disease.

I presume you, as well as most of your readers, will agree with me, that neither dispensary nor hospital physicians utilize, to anything near the extent possible, the material their positions furnish. They all require stimulation as well as our country neighbors.

I heartily concur with you in your remarks relating to the value of the experience of even our most secluded country practitioners, and believe that, if some means could be devised to secure a record of it, that experience would be an addition to our literature of unexpected richness. A very satisfactory illustration of what it probably would be is given us in the last vol. (iv) of St. George's Hospital Reports, 1869, p. 201, by Dr. JAMES NICHOLLS, under the heading of "Reminisences of cases from Private Practice." Many of your readers will no doubt be pleased by the perusal of these notes of a county practitioner.

While they are about it, if they have any doubt as to hospital physicians and surgeons needing stimulation, as to their habitually making very poor use of their opportunities, I would suggest that they turn to page 223 of the same volume, and read a report of the "Excision of the Scapula," by George POLLOCK, Surgeon to St. George's Hospital, London, Professor of Surgery, etc., etc. Let them carefully compare this report and the comments upon it with Dr. Nicholls' Notes on Country Practice.

To the surgical portion of your readers I especially commend the perusal of this report, and if they can, after such perusal, arrive at a conclusion at all favorable to the reputation of this London hospital surgeon as a leader in, and a contributor to, the science and literature of surgery, I shall feel thankful to them if they will tell me how they do it.

I need not perhaps say that I have not, nor do I try, to acquire patience with a man of Mr. Pollock's position, who will allow so poor, not to say incorrect, a paper to appear over his signature. With the record of the two cases he here publishes, I have no complaint to make, indeed, I am under obligation to him, for one of them enables me to complete the history of the 57th case in my table of operations involving the removal of all, or the greater part of the scapula; and the other furnishes me an additional case for the same table. (See New York *Medical Journal*, Jan., 1869, p. 434.)

The comments, however, which follow the records of the cases, are of such a character as to call for severe criticism. He commences by stating what he has no valid reason for believing, viz.: That Mr. SYME was the first surgeon in either Europe or

America to remove the scapula. Indeed, on the same page Mr. Pollock alludes in a note to a *résumé* of cases published in the New York *Journal* for May, 1866, p. 142, wherein it is dictinctly stated that Langenbeck performed the operation in 1855, a year before Syme's operation. Had Mr. Pollock been as careful of his literary reputation as one in his position is presumed to be, he would certainly not have committed himself to a statement so notoriously incorrect. He does not even allude to the very elaborate paper on the same, and on a kindred subject by Dr. Watson, in the Edinburgh *Medical Journal* for August, 1869, published a month before his last operation. Had he allowed his spinal extensors to relax somewhat, and deigned to consult the journals of the American cousins, he would have found that, as long as two or more years before he prepared this report, the *American Journal of Medical Sciences* published a compilation of the literature of the subject of removal of the scapula, which has been admitted in both Europe and America as the most complete in any language. (Ph. cit., Oct., 1868, p. 359.)

He would have then found that if any question of priority can arise, it will not involve Mr. Syme, but will remain between Langenbeck and Mr. South. For a still more recent and complete tabular exhibit of that literature, he can hardly expect to be excused for not apparently having any knowledge of that published in the New York *Medical Journal* for Jan., 1869, already alluded to. No country practitioner could certainly ever be pardoned for so grave an oversight.

I hardly know what we would say of a country surgeon who should write of Dr. Pollock, "Previous to the time (1856) when Mr. Syme proved that the scapula could be safely removed," etc. Our veteran surgeon, Dr. Gross, will doubtless be amused at this historic display of a great London surgeon, and a hospital surgeon at that. I am by no means sure however, that Mr. Pollock's apparent ignorance of the literature of the subject is not feigned. If the reader will take the pains to read his remarks side by side with my paper in the *American Journal*, as above quoted, I venture to say that he will be struck with the similarity of manner and even words used in the latter, and by him two years later.

I urged it as a much simpler and less dangerous operation than it was generally regarded by surgeons. He speaks of it in similar terms, though he takes no pains to defend his opinion by argument or statistics, as I took much trouble to do. I especially go to much pains to show that it need not be attended by much hemorrhage. He also dwells upon this point. I take the ground that when a large part of the bone is removed for malignant disease, there is far more danger from leaving the balance than any advantage will compensate for; that, in short, in malignant disease, the entire bone should be removed. He thinks it better to remove the whole, as it is less likely to be followed by a return of the disease.

Again, I remark: "We do not learn from the exhibit of this table (about 70 cases) that the removal of the entire scapula is a more serious operation than the removal of the greater part of it," etc. He says: "As the removal of the whole bone is not a more formidable operation than the removal of a portion of it, and as the patient has less chance of a recurrence of his disease if the whole bone be taken away, it should be in a very exceptional case, and on some very peculiar merits of its own, that the surgeon ought to undertake the removal of a portion of the scapula."

Which ground I went over two years before by the following words: "I would decidedly favor the removal of the whole bone, rather than a part of it, in cases of malignant disease, for the following reasons: first, the results are quite as good in respect to the future usefulness of the arm; second, the dangers attending the operation are scarcely even greater, generally less; third, the liability of the disease to return is probably less." I do not wish to be understood as believing this to be a case of plagiarism on the part of the London hospital surgeon; but had his paper been written two years earlier, it might well be regarded as an illustration of a, by no means unheard of, psychological phenomenon.

These are in brief, some of the points of Mr. Pollock's report to which I desire to direct attention as a means of illustrating one of two things, viz.: either that a Professor and a Metropolitan Hospital Surgeon is liable to squander his opportunities, and to fall in the rear of his country or colonial neighbors; or he may become so blind in his own conceit, or so dishonest, as to give them no credit for their industry and intelligence. I leave all such to choose which charge they will pocket. Industry and intelligence I respect anywhere, whether in hospital or hovel, and I am a firm believer in the proverb "honesty is the best policy." I trust you will succeed in stirring up both the country, and the idle hospital physicians to a sense of their duty.

Stephen Rogers, M. D.
249 *W. 42d st., New York.*

News and Miscellany.

New York Items.

——The Medico-Legal Society of New York had a meeting November 10th, at which the ex-president, Dr. J. F. Miller, remarked that the Society now consisted of 150 physicians and lawyers, and many interesting papers had been presented during

the year upon insanity, testamentary capacity, and medical jurisprudence, and the Society bids fair to increase in usefulness and efficiency.

——On the 10th the Hospital for the Ruptured and Crippled, a new structure, 125 by 100 feet, on the northwest corner of Lexington avenue and Forty-second street, erected by the New York Society for the relief of the Ruptured and Crippled, was formally opened. In the evening a large number of visitors inspected the building. Each ward occupied an entire floor. It can accommodate 250 patients. The resident physician is Dr. JAMES KNIGHT.

——Five or six gentlemen of the Bellevue Hospital Staff were lately threatened with suits for failing to report deaths. The deaths *had been* reported, and the threat turned out to be a piece of spite of a petty official.

QUERIES AND REPLIES.

Dr. C. J. B., New York.—We can send you Squire's vertebrated prostatic catheter, figured in the REPORTER of Nov. 5th. Price, $6.

Dr. L. W. B., Ohio.—The *Am. Journal of Med. Sciences*, News & Ranking's Abstract taken together, are $6 a year. We can furnish *Harper's Magazine* and *Appleton's Journal* at $3 each, with THE REPORTER—the subscription price to each being $4 a year.

Dr. J. B. M., of *N. J.*—1. We can find no monograph on the use of the thermometer in diseases. There is an English work on the subject, but it is not in the market.

2. We have used the following tonic and stimulating wash in cases of falling of the hair with much satisfaction, to which tincture of aconite, in moderate quantity, or other stimulating ingredient, might be added if needed, reducing the quantity of alcohol proportionally:

HAIR TONIC.

℞.	Quiniæ sulph.,	℥ss.
	Acid. sulph. arom.,	f℥ss.
	Tinct. cantharid.,	f℥j.
	Myroxylon,	℥j.
	Ol. ricini,	f℥ss.
	Alcohol,	f℥vijss. M.

ft. lotio.

OBITUARY.

HUGHES.—At Waynesburg, Chester county, Pa., Nov. 8th, A. D. 1870, of Consumption, J. H. Hughes, M. D., aged 30 years.

At a meeting of the Physicians of Waynesburg and vicinity, held at the Drug Store, on the 10th day of November, A. D. 1870, the following resolutions were adopted:

WHEREAS, By a dispensation of Divine Providence it has so pleased Him to take from our midst our worthy and esteemed friend J. H. Hughes, it is as a token of respect to his worth as a member of the Medical profession, and to his character as a private citizen, hereby

Resolved, That we bear testimony to the ability and dignity which he ever showed in his profession, and that we revert with pleasure to the gentlemanly and professional courtesy he always manifested.

Resolved, That we sympathize with his relatives and friends, and with the community at large in his demise.

Resolved, That these resolutions be published in THE MEDICAL AND SURGICAL REPORTER, *Villiage Record*, *Jeffersonian* and *Coatesville Times*, and that a copy be sent to the family of the deceased.

C. GALEN TREICHLER, M. D., President.
D. J. MCCAA, M. D., Secretary.

MARRIED.

MONTANYE—SMITH. At the First M. E. Church, Kingston, N. Y., Nov. 3, by Rev. J. Y. Bates, Wm. D. L. Montayne, M. D., Rondoubt, N. Y., and Anna D. W., eldest daughter of C. C. Smith, Esq., of Kingston.

ROBINSON—SKINNER. On the 10th inst., by Rev. J. N. Hays, assisted by Rev. R. Graccy Furgeson, Dr. T. C. Robinson, of Manordale, Westmoreland county, Pa., and Miss Mollie J. Skinner, of Chambersburg.

TWELLS—THOMPSON. At the residence of the bride's father, in Tippecanoe county, Indiana, by the Rev. Mr. Couzle, Richard Twells, of Logansport, Ind., and Mattie B., daughter of Dr. J. K. Thompson, of Tippecanoe county.

WILLARD—DAVIS. November 3d, at Sewickley, Pa., by Rev. J. B. Bittinger, Dr. L. H. Willard, of Alleghany city, and Rebecca B., Daughter of Robert H. Davis, Esq.

BOARDMAN—OSBORN. On the 10th of November, 1870, in St. Paul's Church, Greensboro, Ala., by the Rev. R. H. Cobbs, Mr. Henry Boardman and Miss Martha Caroline, eldest daughter of T. C. Osborn, Md.

CASE—BLANE. November 8th, by Rev. J. G. Williamson, Nathan Case, M. D., of Asbury, Warren county, N. J., and Miss Mary W. Blane, youngest daughter of John Blane, M. D., of Perryville, Hunterdon county, New Jersey.

CLANCEY—HUTSINPILLER. At Gallipolis, O., Nov. 9, 1870, at the residence of the bride's father, Capt. John Hutsinpiller, by the Rev. F. S. Davis, D. W. Clancey, M. D., and Viola Hutsinpiller.

CORBIN—THOMPSON. At the residence of the bride's father, in Covington, O., October 27th, 1870, by the Rev. Levi Purviance, Dr. J. H. Corbin, of Piqua, and Sue Thompson, of Covington.

DONALD—HOYT At the residence of the bride's parents, on the 3d inst., by Rev. L. R. Janes, M. M. McDonald, M. D., of Syracuse, N. Y., and Lottie E. Hoyt, of Lafayette, N. Y.

GITTINGS—CLAXTON. In the Church of the Saviour, West Philadelphia, on the 17th inst., by the Rev. R. Bethell Claxton, D. D. assisted by the Rev. J. W. Claxton, and by the Rt. Rev. W. B. Stevens, D. D., John Beale Howard Gittings, M. D., and Catharine Scott Claxton, daughter of the first named clergyman, all of this city.

GOLLOGHY—BLAKE. By Rev. N. C. Helfrich, on Oct. 27th, at the residence of the bride's father, Dr. James Golloghy, of Zanesville, O., and Mary C. Blake, of New Concord, O.

HILKEY—BEST. On the 8th inst., at the residence of the bride's parents, by the Rev. W. W. Ramsay, Christian Hilkey, M. D., of Zimmerman, Greene county, O., and Emma, daughter of Henry Best, Esq., of Dayton, O.

KNOX—MALLORY. At Hamilton, Ohio, on November 2d, in the M. E. Church, by the Rev. Wm. J. Fee, assisted by the Rev. D. J. Starr, Dr. J. T. Knox and Imogene A. Mallory, daughter of Dr. Mallory, of Hamilton.

LYON—NORDQUIST. November 16th, at Tuckahoe, Westchester county, N. Y., at the residence of the bride's father, by Rev. A. M. Ives, John B. Lyon, of Eastchester, and S. Louise Nordquist, eldest daughter of Charles J. Nordquist, M. D.

MERCER—HULST. In Brooklyn, November 17, at the Reformed Church, Broadway, by the Rev. George D. Hulst, S. D. Mercer, M. D., of Omaha, and Lizzie C., daughter of the late Garret Hulst, of Alexandria, Va.

DIED.

BARNES.—In Southington, Conn., Nov. 12th, Julius S. Barnes, M. D., aged 79 years.

CURTIS.—In this city, on the 15th inst., Susan Elizabeth, wife of Levi Curtis, M. D.

WALLACE.—Suddenly, at Reading, Pa., on the 15th inst., Lydia, daughter of Dr. Edward and Olivia Wallace.

THE

MEDICAL AND SURGICAL REPORTER.

No. 718.] PHILADELPHIA, DECEMBER 3, 1870. [Vol. XXIII.—No 23.

Original Department.

Communications.

SUCCESSFUL TREATMENT IN THREE CASES OF TETANUS.

By Geo. O. Butler, M. D.,

Of Cleveland, Ohio.

In bringing these cases of idiopathic and traumatic tetanus before the medical profession, the importance of explicit truthfulness, and avoidance of error in diagnosis is apparent.

My aim to accomplish the former is sufficient apology for these somewhat detailed statements; that an error in diagnosis was *not* committed, each reader may decide *per se*.

Case I.—In the afternoon of March 11th, 1870, I was called to visit Mrs. S., æt. 21. Her case was detailed as follows: About 36 hours previous to my call, while in apparent good health, she was seized with convulsive muscular spasms, confined chiefly to the extremities. These convulsive twitchings or "spasms" occurring with intervals of 20 to 40 minutes, up to the time of my visit.

I found Mrs. S. with jaws firmly locked, which condition had been present during two hours previous to my call, accompanied with incessant jactitation, and occasional well-marked opisthotonos; pulse, 120, wiry; skin harsh and dry.

Learning from the husband and mother that the physicians in charge had given morphia in full doses, combined with antispasmodics without any avail, and pronounced the case hopeless, I advised tinct. verat. vir., followed by evacuating enemata.

March 12th, 6 A. M. Called in haste to visit Mrs. S.; found patient in agony; every symptom of tetanus greatly aggravated. Determining to test the nauseant and prostrating effects of lobelia inflata, I discontinued veratrum; ordered enemata infus. lobeliæ inflat. to be given every fifteen minutes. Distressing nausea followed in about an hour, accompanied with profuse perspiration. Just at the moment when syncope from nausea seemed imminent, the locked jaws opened, and emesis was established. That agonizing rigidity of the entire muscular system so distressing in this disease gradually yielded at termination of an hour, and patient comparatively comfortable; pulse 90, little irregular; skin bathed in profuse perspiration; discontinued lobelia enemata, and directed bromide potassium, grs. 30, every hour.

March 12th, 12 M. Called in great haste; found tetanic convulsions again violent; jaws locked; patient deaf, dumb and blind; pulse 120; agony extreme; again ordered enemata of lobelia to be given every fifteen minutes. Prostrating nausea followed in half an hour. At this point the jaws opened, and emesis afforded great relief. All tetanic rigidity gradually relaxed; at termination of an hour patient apparently comfortable; pulse 95, regular; skin moist; discontinued bromide of potassium; ordered:

℞ Fol. lobel. inflat., ℥ij.
Aquæ destil., ℥xij.
F. inf. A.

Teaspoonful to be given every half hour—sufficiently often to maintain a constant diaphoresis.

March 13, A. M. Patient perspiring freely; had no return of convulsions during night; slightly nauseated; pulse 85; skin moist; continued lobelia. Ordered hydrarg. chlo. mite., grs. iij. Pulv. rhei., grs. x.

March 13, P. M. Patient comfortable; little nervous; skin moist; pulse 90. Continued lobelia. Gave pulv. doveri, grs. vi, at bedtime.

March 14, A. M. Found patient comfortable; no return of spasms; pulse 90, regular;

slight nausea; skin moist. Continued lobelia in half the quantity. Ordered ol. ricini, ℥j.

March 14, P. M. Patient perspiring freely; had three dejections from bowels; pulse 85; speech and sight restored; still deaf. Gave lobelia as A. M. Pulv. doveri, grs. vj, at bed-time.

March 15. No change; continued treatment as yesterday.

March 16. Patient slept well; pulse 90; perspiring freely. Ordered pulv. doveri, grs. iv, every two hours, also alkaline bath. Continued lobelia.

March 17. Patient rested well; perspiring freely; pulse 85; tongue coated with white fur. Gave blue mass, gr. vj. Continued lobelia and dover's.

March 18. Bowels moved once; pulse 80; skin moist. Continued lobelia.

March 19. Patient comfortable; hearing partially restored. Directed tinct. cincho. comp., ℥j. every four hours.

March 30. Patient convalescent.

TRAUMATIC TETANUS.

CASE II.—Aug. 15. By request of the friends, called to see Mr. Jordan, living in Rockport, nine miles distant from Cleveland; æt. 45; weight. 170 pounds; powerful muscular organization; temperate in habits. Ten days previous to my call had received an irregular incised wound, an inch below the elbow of the right arm, severing the extensor muscles, together with the ulnar nerve. Complete loss of motion of the hand. The wound at time of receipt was dressed by a Cleveland physician. Healed kindly by first intention. No peculiarity being appreciable except a cartilaginous hardness of cicatrix.

Two days previous to complete closure of the wound, stiffness of the neck accompanied by darting pains about the face and head, caused great anxiety to the family and physician who dressed the wound. On the second day after, being the day of complete closure of the wound, the *family* physician, a respectable practitioner, was called, who pronounced the case that of tetanus. On the following day I was called during the absence of the attending physician. Advised tinct. verat. vir. in full doses; which was continued by the attending physician for three days, during which time lock-jaw had fully set in.

Aug. 17. Was called in great haste to see Mr. J.—the physician in charge being quite ill, and unable to visit the case again. Found patient with pinched features, expressive of greatest agony; great muscular excitement; frequent well-marked opisthotonos; pulse 120; skin harsh and dry; jaws closed to within fourth of an inch. Discontinued verat. vir.; ordered infusion of lobelia in ℥ij doses, every half-hour; nausea followed in one hour, with marked relief to severity of convulsions maintained a constant diaphoresis and nausea by frequently repeated doses. Waited three hours; patient perspiring freely; pulse 95; occasional jerking in arms and limbs; gave hydrarg. chlo. mit., grs. iij; podophyllin, grs. ij.

Aug. 18. Visited Mr. J.; found he had passed a restless night; pulse 95; skin moist; jaws still locked; occasional opisthotonos; did not dare to produce emesis, fearing strangulation from tight closure of mouth; had six dejections from bowels; wound in arm occasioning distress; applied fomentations, repeated the cathartic, and continued the lobelia, with intent to further prostrate.

August 19. Found patient very restless; occasional opisthotonos; pulse 95; skin moist and clammy; jaws still locked; had eight dejections from bowels. Directed increase of lobelia, and repeated cathartic.

August 20. Found patient still very restless; jaws locked; occasional opisthotonos; pulse 90; skin moist. Ordered vapor bath, gave lobelia every ten minutes; profuse perspiration and prostrating nausea, almost to syncope, followed. At this point, when strangulation seemed imminent, the locked jaws relaxed to the extent of an inch, and emesis afforded great relief. Ordered continued diaphoresis, and slight nausea be kept up by use of lobelia.

August 23. Visited patient every day since 20th, accompanied by physicians from Cleveland, none of whom disagreed in diagnosis, none hesitating to predict a fatal termination. Found patient more comfortable; increase of lobelia controlling more effectually the tetanic muscular irritability. Uneasiness in the wound induced me to dissect the hardened cicatrix from its adhesion to the ulna. Immediate relief followed; pulse sank to 85; patient able to open the jaws half way; had 19 dejections from bowels within 24 hours; muscular system becoming very much prostrated; perspiration intolerably offensive. Ordered alkaline bath, directed chloral hycrate, grs. v. every two hours. Continued lobelia as before.

August 24. Was called at night to see Mr. J. Found convulsions returned with increased severity; jaws locked; opisthotonos extreme; agony indescribable. Gave lobelia every 15 minutes. Nausea, with relaxation of jaws, and emesis; affording great relief within an hour. Tarried an hour. Patient comfortable. Directed a more profuse prespiration, and decided nausea to be preserved by frequently repeated doses of lobelia. Continued chloral hydrate. At this point a very singular phenomenon was manifested. On presenting a metallic spoon to the teeth a shock equal to that from a powerful galvanic battery agitated his entire frame, the relaxed jaws snapped together with force sufficient to crush the enamel on opposing surfaces of the teeth. Gave medicine and food out of a wide-mouthed glass bottle.

Aug. 30. Since Aug. 24, Mr. J. was visited by myself and Dr. Kingsley, on alternate days. Patient comfortable, perspiring profusely; perspiration still offensive; convulsions occurring at intervals of an hour or two; greatly diminished in violence; pulse, 85; able to open jaws to half their natural extent; had ten dejections from bowels since last visit; ordered chloral hydrate and lobelia alternately every hour.

Sept. 6. Visited patient on alternate days with Dr. Kingsley. Patient much improved; frequency of convulsions diminishing each day; gave lobelia at longer intervals; continued chloral hydrate; directed a tonic of bark.

Sept. 11. Found patient out of doors; had no convulsions for three days; ability to use fingers of wounded hand gradually returning; directed the continuance of bark. Discharged the patient as convalescent.

TRAUMATIC TETANUS.

Case III. Through the kindness of my friend, Dr. Kingsley, I was again enabled to test the virtue of lobelia as a prostrating nauseant and powerful anti-spasmodic.

At three o'clock, P. M., of Sept. 2d, was called to meet in consultation three physicians, having under treatment a policeman, named Abbott, residing at 16 Laurel street, who, about 5 o'clock in the afternoon of the day before, had received a punctured wound on the dorsum of the left hand, penetrating to the bone. At time of wound a deathly faintness, entirely out of proportion to the magnitude of the injury, with total want of hemorrhage, greatly alarmed his friends. The family physician expressed fears as to the probability of tetanus ensuing. Mr. A. retired at 8 o'clock; about 11 o'clock—six hours after receipt of wound, lock-jaw, accompanied with general convulsions, set in. Family physician being called, asked, as counsel, a neighboring physician, and also a surgeon. During 16 hours previous to my call, morphia, by mouth and rectum, together with atropia in full doses, proved of no avail. I found Mr. A. speechless; jaws firmly locked; opisthotonos distinctly marked. I advised a discontinuance of morphia in any form; directed a cathartic of mercury and podophyllin to be given, promising to return shortly. At 9 o'clock of the same evening, accompanied by Dr. Kingsley, found Mr. A. at stool. Half an hour before magnesia citras, ℥iv, having been given, produced nausea and emesis, through the partially opened jaws.

I immediately placed Mr. A. in a vapor bath. Copious perspiration, with disposition to syncope, followed. Put patient to bed. Ordered infus. lobelia, as in previous cases, to produce and sustain copious perspiration during the night.

Sept. 3, 6½ A. M. Fearing a discontinuance of lobelia in my absence, visited Mr. A. at the above hour, and as predicted, the lobelia had been partly withheld. Found patient with harsh and dry skin; pulse 115; every symptom of impending convulsions. While remonstrating with nurse in regard to omitting lobelia, a terrible convulsion, terminating in well marked opisthotonos, confirmed my remarks. Renewed lobelia at intervals of 20 minutes. Patient soon became nauseated and composed. Directed lobelia as in previous cases.

Sept. 4. Patient quiet; had no return of convulsions; greatly prostrated. Continued lobelia.

Sept. 5. Patient comfortable; no return of convulsions; pulse 90. Ordered chloral hydrate, as in previous cases.

Sept. 8. Made daily professional calls to this date, during which time patient has continued toward a speedy convalescence. Now yield the patient up to the family physician.

The above three cases have entirely recovered. In regard to the pathology of tetanus I have nothing to offer.

From the preceding cases we think the following conclusions may be drawn:

1st. Lobelia, as a powerful nauseant, will control the circulation.

2d. Lobelia, as a prostrating nauseant, proves antispasmodic.

3d. Lobelia, as a powerful sudorific, eliminates whatever materia-morbi is conceived to act as the exciting irritant in tetanus.

NEW TREATMENT FOR ENTERIC OR TYPHOID, AND ALL IDIOPATHIC FEVERS.

By John Stephen, M. D.,

Fellow of the College of Physicians and Surgeons of Reading, Pa.

Whether the doctrines inculcated by Broussais, and advocated by the modern French school of pathologists, who contend, that every fever is but a symptom of some local phlegmasia; or those held by the large majority of the British, Continental, and American physicians, who believe that fever is an essential or primary disease, independent of, though often modified by local inflammation, be the correct ones, we know that the idiopathic fevers, though differing in character from acute dysentery, have many similarities, and bear a strong relation to each other. The same causes, both predisposing and exciting, produce in one individual acute dysentery; in another, some form of primary fever, owing to certain individual peculiarities, or to the different degrees of intensity of the febrific poison. Intermittents, remittents, and the continued fevers, are frequently in some stage or other complicated by dysentery; while dysentery is very often found existing with some form of idiopathic fever, showing so close a relationship as to lead the calm observer to the conclusion that the primary pathological condition is, if not in all cases, at least in nearly all, the same.

Reasoning from this stand-point, led me to believe that ipecacuanha, in large doses, which exercises such a wonderful power over acute dysentery, disposing of it in such a summary manner, that it does not "stand on the order of its going, but goes at once," would prove equally as effectual in enteric, and possibly in all the forms of essential fever. I determined to give it a trial, selecting for the purpose from a number of cases of typhoid fever under treatment, the most severe and best marked case; the following being his condition on the morning of the 17th day of October, 1870:

H. K——, aged twelve years; of rather feeble constitution, strong strumous diathesis; has been sick and under treatment for typhoid fever for nine days; pulse, very frequent; tongue, dry, smooth, brownish-red, and fissured; skin, hot and dry, without at any time any appearance of moisture; expression of countenance unfavorable; has much headache; hearing is somewhat affected; a few rose-colored spots are perceptible on the abdomen; no petechiæ; no sudamina; has for a week past refused to partake of any nourishment whatever; has more pain on pressure over the abdomen—more tympanitis and more frequent discharges than generally obtain at this early stage of the disease; the evacuations numbering between twenty and thirty in twenty-four hours. Discontinuing all other treatment, I ordered twenty drops of laudanum, to be followed in half an hour by twenty grains of powdered ipecacuanha in some sweetened water; from some antipathy to taking medicine in powder, he vomited it as soon as swallowed. I then exhibited the same dose in form of pill, with directions to repeat the dose in eight hours.

Oct. 18th. Patient is better; pulse not so frequent; tongue slightly moist round the edges; pain on pressure has nearly disappeared; no tympanitis; *only one discharge in the last twenty-four hours*, semi-fluid; no nausea. Ordered twenty drops of laudanum, to be followed by twenty grains of ipecacuanha, as before, and repeated at 4 o'clock P. M.

Oct. 19th. Patient improving rapidly; has no more headache; hearing is better; pulse slower, softer and stronger; tongue more moist; no pain on severe pressure over abdomen; no tympanitis; one evacuation in the last twenty-four hours, still semi-fluid; feels more lively; expression much improved; has desire for food; no nausea; ordered same doses to be repeated as before.

Oct. 20th. Still improving; has but little fever; tongue much better; skin moist this morning; bowels moved once in the last twenty-four hours, more feculent; is getting tired of taking his "big pills." Ordered a dessertspoonful of a tincture of ipecacuanha which I had in my office, in combiuation with the laudanum, to be repeated same as before.

Oct. 21st. Patient says he is well; he has no fever; tongue moist and clean, though very red;

appetite. has come back; has had one discharge since last visit, consistent. Ordered one-half the quantity of the medicine, to be repeated same as before.

Oct. 22d. Patient is well; treatment discontinued. The boy has convalesced rapidly and is in the enjoyment of good health. On the 24th day of October, two days after I had ceased treating my enteric fever patient, I was called to see a lady commencing with an attack of remittent, or bilious fever. She stated that she had had an attack ten years ago, lasting fourteen weeks. She had been unwell several days before I was sent for. I determined to treat the case in the usual manner, until it was well developed, and then resort to the ipecacuanha treatment. I did so for seven days, until 4 o'clock, P. M. of the 31st day of October, 1870, when her condition was as follows:

K. B——, aged thirty-five years; rather robust; has no inherited constitutional vice; has been under treatment for remittent, or bilious fever for seven days; pulse 118; tongue thickly covered with a yellowish white coating; skin hot and dry; temperature under the tongue 104¾; has much thirst; complains of severe pain in the head; has nausea and sometimes vomiting; skin and whites of eye somewhat tinged with yellow; *bowels all the time constipated*; has a feeling of oppression and slight pain on pressure over the epigastrium. Ordered forty drops of laudanum, to be followed in an hour by forty grains of powdered ipecacuanha in some sweetened water; to be repeated at 8 o'clock, A. M., and 4 o'clock, P. M., of next day.

Nov. 1st, 5 o'clock, P. M. Patient is better; pulse 105; tongue cleaning round the edges; skin not so hot or dry; temperature under the tongue 103½; has less headache; no pain on pressure over the epigastrium; face not so florid; *bowels moved once in the last twenty-four hours;* evacuation healthy; vomited once, an hour and a half after taking second dose of ipecacuanha; has slight nausea; ordered the same dose, and to be repeated same as before.

Nov. 2d, 4 o'clock, P. M. Patient still improving; pulse 95; tongue cleaning rapidly; skin moist; temperature under the tongue 102; one evacuation since last visit; headache gone; appetite returning. Ordered forty drops of laudanum, to be followed by twenty grains of ipecacuanha in form of pill, and repeated same as before.

Nov. 3d, 4 o'clock, P. M. Patient has no fever; skin moist; tongue perfectly clean; feels well with the exception of a slight nausea; temperature under the tongue 100½; one evacuation since last visit; discontinued the ipecacuanha and ordered a mild tonic.

Nov. 4th. Found my patient down stairs with her mother and sisters, well, and thankful for her speedy recovery, having anticipated another lingering sickness.

These two cases of fever, as far as two cases can go, show, in a surprising manner, the power which ipecacuanha in large doses possesses, when guarded by opiates, of not only checking the further increase of the fever poison, but also of completely neutralizing the effects of that which has already morbidly tainted the "fluid flesh" and deranged life's electric chords; bringing back through the medium of the blood and nervous system, life's unbalanced forces to a healthy equilibrium; restoring to the brain its normal functions; checking the rapidity, while it gives tenacity to the heart's action; recalling the skin to its accustomed uses, and changing as if by magic the enteric complication; by restoring to the bowels, whether the morbid condition be one of diarrhœa or of constipation, their normal physiological action.

COMPOUND COMMINUTED FRACTURE OF BOTH LEGS—DOUBLE AMPUTATION—DEATH ON THE 8TH DAY.

By H. A. Spencer, M. D.,

Of Erie, Pa.

On the evening of November 8th, 1870, I was requested to visit Joseph Beutler, a German wood sawyer, aged 57 years, who had just been run over by a switch engine and 6 freight cars. It appears that he was returning home from his work, and as he was in the act of crossing the railroad track, by some means did not notice the train as it was backing down. He was struck and knocked down, and the whole train passed over the legs below the knee, smashing the right from the upper third to the toes in a horrible manner, and producing a compound comminuted fracture of the left at the ankle joint, nearly severing it. He was carried to his house a mile from the scene

of the accident, and I arrived soon after. I found him suffering from all the usual symptoms of a terrible shock; pulse hardly perceptible; surface cold and clammy; features sunken, etc. I immediately administered milk punch freely, and applied plenty of hot cloths; his pulse soon began to come up, and the surface to get warmer.

Finding that reaction was commencing, I dispatched a messenger for my esteemed friend Dr. C. W. STRANAHAN, who, with his usual promptness, soon made his appearance, bringing with him instruments, chloroform, and everything necessary for a capital operation. After waiting about two hours and a half from the time that the accident occurred, reaction was so well established and the general condition of the patient so much improved, it was decided to amputate at once. Everything being ready, Dr. Stranahan placed our patient under the influence of chloroform, and I proceeded to amputate both limbs, the right at the upper third, the left at the lower third. The operation was completed in a short time, with very little hemorrhage, and we had the pleasure of seeing our Teutonic friend comfortably placed in bed. He bore the operation remarkably well, though the respiration was bad and the pulse a little flagging. After administering a full opiate, and leaving directions to continue the milk punch and beef tea, we left him for the night, thinking that, perhaps, before morning, he might cross over to the other shore.

I saw him the next morning at 7 o'clock, found him in fine condition, had slept considerable; pulse much improved; respiration better, and everything looking favorable. Asked the unfortunate old man how he felt, and he replied, "Pretty coot." Stumps were dressed from the first with carbolic acid. Did not remove dressing till third day; found left stump looking finely; right did not look quite satisfactory, rather assuming an erysipelatous appearance. On the fourth day some swelling and general redness, as high as knee-joint, with streaks running up inside of thigh. Applied poultice of flax-seed, charcoal and yeast with carbolic acid; left stump healthy, uniting by first intention. Sixth day, right stump and leg still swelling, erysipelatous inflammation fully established; the right stump emiting a horrible fetor. The system began to give way. Milk punch, wine whey and ale, with opiates, were followed from the first. After the sixth day the symptoms became more and more unfavorable; patient became delirious, rolling and tossing upon the bed, muttering, etc., and on the morning of the 8th day death closed the scene.

Upon examining the stumps after death, I found the left looking beautiful, nearly healed by the first intention. The right was terribly swollen, and in attempting to raise it, at least one half pint of dark gummy-looking serum escaped, sending forth a fetor almost insufferable, in spite of all our disinfecting agents used. Now, in looking over this case, I am surprised that the patient survived the shock. My own opinion is, that a much larger percentage of these cases, even in younger subjects, die within ten or twelve hours after the injury, and I think it rather remarkable, taking this man's age and the amount of injury received, that he survived the shock, which must have been fearful. I have no doubt had it not been for the erysipelatous difficulty, he might, and probably would, have made a good recovery.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. HAYES AGNEW, M.D., Prof. of Clinical and Operative Surgery.

Reported by DE F. WILLARD, M. D.

Amputation of Leg.

The man before you, gentlemen, has come from the interior of the State, to obtain relief from the difficulty under which he is laboring.

A year ago, he received a railroad injury from the passsage of a car wheel across the foot, which comminuted the metatarsal and some of the tarsal bones, and necessitated an amputation; the operation performed having evidently been a Chopart, between the articulation of the cuboid and scaphoid with the calcaneum and astragalus.

The soft tissues were, however, so injured, and their vitality so impaired that successive sloughs occurred, and the wound did not, and has never yet healed; so that there is now situated upon the extremity of this stump an unhealthy ulcer, which resists most obstinately every form of treatment. If you look at it closely you will see the reason for this. In the first place, the whole end of this stump is only covered with an unhealthy looking skin, which would all easily melt away under a few days of diseased action; and secondly, you can see that even this abnormal skin is stretched to its utmost limit, and is constantly dragging and pulling upon the edges of this ulcer.

As all attempts at cure have failed, we have left

but one alternative in order to give this man a useful limb, and that is a re-amputation; for in his present condition he is utterly unable to walk about or engage in any occupation.

I had hoped to be able to perform here a Pirogoff, but this tissue is too unhealthy for me to procure a good flap and I shall be obliged to go above the ankle-joint, for it would be folly to make scanty flaps, and then run the risk of a similar condition to the present one. I shall, therefore, take away this limb, not just above the joint, but some three or four inches higher up, for it has been found by experience that the mechanical adaptation of an artificial limb is more satisfactory at this point, than when the operation is performed close to the articulation.

At our last clinic, I showed you the method of making simply cutaneous flaps; to-day I shall employ the method known as the muscular flap operation, i. e. transfixing the tissue with a long knife, and cutting obliquely from above downward, and from within outward, making the flap sufficiently long to cover the end of the bone. This will be the posterior flap, but the anterior will consist merely of skin. One objection to this operation is, that the arteries are divided obliquely, and you must be careful to carry your ligatures far back in securing them, otherwise you will have secondary hemorrhage; and another, in field operations, or wherever the patient will be subject to removal, there is a greater weight to the flap, and the tibia is more likely to be protuded by the tension made upon it.

(Operation performed. Spine of tibia also removed; patient made an excellent recovery.—DE F. W.)

Intra-Uterine Subluxation of Knee-Joint.

Here is a rare condition presenting itself in the person of this little babe, who is now but four days old, and has been kindly brought by my friend, Dr. SCHOLFIELD, in order that you may see one of the anomalies of fœtal formation. This condition existed at birth, and consists, as you now see, of a backward dislocation of the head of the tibia upon the condyles of the femur, yet this deformity is easily reduced by simple pressure, showing that it is simply due to an abnormal relaxation of the ligaments. The leg can be flexed upon the thigh to such an extent that the toes easily touch the fold of the groin, without giving the child the slightest apparent pain. The boy is otherwise perfectly formed, eats and sleeps well, and seems in excellent health. This condition must have been occasioned by the leg having been bent and caught in the position in front of the thigh, while the parts were very flexible, and not being able to resume its proper position, the ligaments have been stretched until they will now give no support to the limb. We must, therefore, confine this limb in an extended position by a posterior paste board splint, and direct the mother to rub the knee every day with some slightly stimulating liniment until the parts have had time to regain their natural tonicity.

Congenital Absence of Fingers.

Here is another babe, five weeks old, brought to us by its anxious mother in the hopes that we may be able to relieve it of a deformity which has existed upon the left hand since birth. You will see that the extremity of this hand has precisely the appearance of a stump—as though an amputation had been done through the metacarpo-phalangeal articulation—yet there are projecting from this surface five little eminences, corresponding to the position of the fingers and thumb, which are evidently attempts at the formation of these missing members.

The carpal and metacarpal bones seem perfect, and the child is everywhere fully and completely developed, showing no symptoms of any other deformity. The mother has come in hopes that we may find these fingers buried away under the integument, and that in some way, we may be able to produce them; but, it is evidently a case of deficient formation, and we can do nothing, save to adapt an artificial hand in after years.

Supernumerary Thumb.

Here again is another infant, three months of age, who is also the subject of congenital deformity. She has a second thumb, projecting at a right-angle from about the point of articulation of the metacarpal bone with the first phalanx, upon the radial side of the true thumb. This deformity is not very uncommon, being found much more frequently than are supernumerary fingers, though the latter are sometimes seen usually projecting from the ulnar side of the hand.

This deformity is sometimes seen upon both sides, or in connection with extra toes in the same individual, the latter numbering six, or rarely seven upon each foot. This thumb is well formed, has two perfect phalanges, while a good nail surmounts it.

These extra members are sometimes connecting merely by integument, but they more often have a distinct articulation, with their own synovial membrane; their skeleton is usually cartilaginous, but in this case it seems bony. In place of an excess of fingers or toes, we sometimes find a deficiency, either entire, or in part.

In nearly all these cases you will find the mother refers the existing deformity to an impression made upon her while pregnant, and the cases before us are not exceptions. The first states that she was engaged during a large portion of her pregnancy in dressing the amputated arm of a relation, while the second says that she had often before her eyes a malformed arm, which had projecting from its extremity a small finger or portion of a finger. As

to the cause of these maternal emotions operating upon the child in utero, I am unable to give you a physiological reason; that such is an actual fact, I firmly believe, from the large number of instances in which I have seen positive evidences. And why should this be unreasonable? Do not education, refinement, civilization, feature, character, etc., all stamp themselves upon the offspring? Many instances could be cited in the breeding of animals, or going back to the Bible, recall Jacob and the rods—but I have not time to-day to discuss this subject, save to example a single case, with the facts of which I am conversant. A lady was pregnant with her first child, when a terrier pup undergoing the operation of "cropping," escaped from its tormentors and sprang into her lap with his ears bleeding and cut. The shock was great, and upon the birth of her child, its ears were found to be but rudimentary and projected from the sides of the head, precisely as seen in a well-trimmed terrier. I say I cannot satisfactorily explain these occurrences, yet am confident that they do occur.

In the case of the child before us, the supernumerary thumb will be removed, as it is an unsightly deformity.

(Amputated, flaps being taken from its sides to cover in this wound, and care being exercised in its removal not to open into the metarcarpo-phalangeal articulation.—De. F. W.)

PHILADELPHIA HOSPITAL.

Wednesday, Nov. 15, 1870.

Surgical Clinic of F. F. MAURY, M. D.,
One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.)

GENTLEMEN:—I first bring to your notice, this morning, the man whose leg I amputated, in its lower third, at my last clinic. I want to show you how the stump looks and how it should be dressed. Many of you who saw how long I made my flaps, at the time of the operation, may have thought them more extensive than the surface to be covered required; but, to-day you see how much they have contracted, and how making them any shorter would have risked proper covering of the end of the bones. Remember this, especially in amputations upon children, where the skin is unusually contractile. This man's leg is simply embedded in a quantity of picked oakum, such as is used for the calking of boats, and has been finely hackeled. It has to me an agreeable odor, and its absorbing powers far surpass those of lint. This is the second time that the stump has been dressed since the amputation. The adhesive strips are blackened by the action of the evolved sulphuretted hydrogen upon the lead contained in the plaster. These I carefully remove, not by freeing one end and then rapidly stripping them off the stump, as such procedure, besides inflicting useless pain, tears the flaps asunder and interferes with reparative action. Long apprenticeship in the U. S. Army Hospital, during the late war, as a dresser, taught me facts, only truly learned by similar schooling, yet will do you no harm to have it demonstrated here. Remove these strips, then, by freeing either end, and simultaneously draw them toward the point where the flaps come together.

Having removed them, wash away all discharge by letting tepid water drop upon the parts from a sponge, or better, by directing upon the wound the continuous stream from a bulb syringe, such as Davidson's. Now make firm and equable pressure upon the stump with both hands, pressing in the direction of the flaps, so as to express all contained pus. Pull away such ligatures as are loose, and remove all sutures that are doing no further good. Both act as small setons and keep up perpetual drain. See that the edges of the wound, particularly, are clean, for from the edges commences the granulation. Now we are ready to re-apply the strips. You see I use them cut long and narrow, not more than one-quarter of an inch in width. Narrow adhesive strips like these admit of free drainage and apply themselves to the part better than wider ones, at the same time giving sufficiency of support. Now I have only to lay the limb in its oakum bed and the dressing is complete. No poultice or bandage is here required. I was the first to introduce oakum as a dressing in this hospital, having derived the idea from Prof. Sayre, of New York, who used it extensively as a seton in joint troubles, etc. Be careful to remove all dressings and soiled substances from the room. A hoop to support the bed clothes, and keep them from pressing upon the stump, completes what I consider a valuable lesson, if you have followed me closely and photographed my doings, and hung them up in your brains.

Infantile Syphilis.

Through the courtesy of my colleague, Dr. PARRY, and the kindness of resident physicians, Drs. PORTER and BUCK, I am enabled to show you these two children. The first of these children is accompanied by its mother, who was my patient some three years ago, suffering from tertiary syphilis. This child looks remarkably healthy, and for its age, eight months, shows a fine muscular development. It has a rounded protuberant belly, one mark of a scrofulous child, and also a slight eruption, but if we did not know the mother to be unhealthy, and if we were aware of no taint on its father's side, we would question whether this child suffered from quarternary or inherited syphilis.

I hold, however, that when a woman is thorough-

ly infected at the time of conception, with syphilitic poison, and that poison has reached the third or tertiary stage, her offspring will almost certainly be affected. It need not necessarily be rotten with syphilis, but only touched or sprinkled, as in the case before you.

Now look at the second child and see the difference. Hear the peculiar guttural sound it emits in breathing, due to coryza, one of the first forerunners of congenital syphilis. See its little, meager face, like a dried up old man. Note the abundant discharge from its eyes, indication of purulent opthalmia. The latter, by the way, it may have contracted in passing through the affected mucous passages. This latter condition is curable. Now, not knowing this child's antecedents, we might call this affection scrofula, and here, especially before a class as large as this, I tread on ticklish ground; not that my own views are confused, but on a question of such grave theory I hesitate to entangle you on the one hand, or unduly influence you on the other. This is one of these embryo topics—a chrysilis that awaits time's unfolding, aided by the observation of all, I hope, who listen to me. I do not mean to say that scrofula and syphilis are identical; but I do say that the parallelism between congenital syphilis and scrofula, when closely traced, so approximates that no human being can discriminate between them; and I further believe that the unfolding of the next twenty-five years will establish the identity between so-called scrofula and inherited or quarternary syphilis; and this pathway leads me to the broad field of legalized prostitution, of which I am an advocate.

In these days of rapid travel, prostitution increases with corresponding speed. Men always have, and always will indulge their sexual passions, and if not to protect the men, then the protection of their wives, and of these, their little ones, should enlist our active sympathies as to make us unite on whatever measure will check and bring under control the ravages of this frightful disease. And in view of Ricord's measure of registering every house of prostitution and every inmate, and having the latter examined at stated intervals and furnished with certificates as to their purity or impurity, reducing the per cent. of syphilis among the lorettes so immensely, can we hesitate as to the proper course. Legalize prostitution! Under heavy fines and imprisonment compel every house of ill-fame to be registered, and likewise its inmates. Have proper officers to examine the women at short intervals. Impose corresponding fines and imprisonment on any man who communicates venereal disease to these or any woman; but while passing let me say that women impart more disease than they receive—they give a dozen claps where they receive one. Thus you have your mutual check, and only thus can you spare the coming generations from this wide spread disorder.

In regard to the treatment of these children I have nothing to say, they receiving the best attention at the hands of Dr. Parry and his assistants. Cod liver oil and good diet is demanded in these cases. Sir Benjamin Brodie would have rubbed mercury into their thighs, but of this procedure, in this instance, I disapprove.

Keloid.

And now, gentleman, to conclude both the present clinic and my term of clinical service, I bring before you the heroic patient for the purpose of removing all that remains of the mass of keloid that so lately encircled his neck. From now until the first of January you will be met every Wednesday by Dr. Brinton, and every Saturday by Dr. Allen, who will instruct you from their rich stores of clinical material. I have to thank you for the respectful attention you have paid my teachings, and hope to greet you all the first of the year.

(The patient now walked to the table and laid himself upon it, and inhaled the chloroform. When fully under its influence, Dr. Maury guttered the remaining mass in the middle line, and then slipped the chain of an ecraseur around either half. While Dr. M. manipulated the one instrument, Dr. Pancoast did the other, and in about three minutes each lateral mass was removed. There was little or no bleeding. So was completed after three operations the removal of this entire mass by a procedure original, heroic and as the sequel proved, correct. The removed mass in its totality weighed nine pounds. All the previous raw surface is granulating, and considering what he has undergone, the condition of the patient is as good as it is wonderful. R. M. T.)

COLLEGE OF PHYSICIANS AND SURGEONS; NEW YORK.

November 4, 1870.

DISEASES OF WOMEN.

Clinic of T. G. Thomas.

Dr. Thomas, though much improved, was not able to be present. The clinic was again conducted by Dr. James S. Brown.

Procidentia of the Uterus.

J. P., æt. 35; two children, the youngest of which is two years and two months old. Patient says that one month after delivery her womb began to come down, but for the past year it has passed outside of the body.

Nothing is more common than for patients to complain of falling of the womb and of cancer, when they do not exist, but now and then their diagnosis is right; this is a case in question. There are two names for this displacement of the uterus:

prolapse, and procidentia; many restrain the former name to that class in which no protrusion is noticed at the vulva, and procidentia to the more aggravated form. In the majority of instances and as I shall demonstrate in the present case, there is no abnormality in the fundus of the uterus. There is simply hypertrophy of the supra-vaginal portion of the cervix. The cause is due usually, as in the present case, to imperfect care after confinement.

The patient got up in four days and did her ordinary work.

The uterus, at this time, weighs about two pounds; all the ligaments are relaxed; yet in this case before us it took one year before it protruded from the vulva.

Dr. Brown made an examination of the patient, and showed that the measurement of the womb was four and a half inches, and by making pressure over the pubes, the fundus was in its normal position. On replacing the parts within the vulva, and getting the patient to bear down, the first tissue to appear is the anterior wall of the vagina pushed in front of the cervix.

From this fact, Dr. Marion Simms devised his operation of shortening the anterior wall of the vagina.

Different methods of treatment have been pursued, but none of them have given satisfaction.

The perinæum has been completely closed, but of course, this operation is not always available.

Many have found no benefit from pessaries, but Dr. Thomas uses them every day, and with satisfactory results. Different forms have been advised. Dr. Barker suggests a pledget of cotton saturated with tannin and glycerine. Dr. Meigs has a pessary which rests above in the fossa behind the cervix, and below on the sphincter vaginæ muscle. Dr. Thomas has devised a modification of Cutler's pessary, which presses in front of the cervix and hooks around the perinæum. In none of the cases in which it has been used has it failed. During the night it is taken off.

Friday, November 11th, 1870.

Before commencing the clinic, Dr. Thomas reported in respect to the case of ovarian tumor which appeared before the class three weeks ago. The patient rapidly sank from no ascertained cause, and whilst in a dying condition paracentesis was performed, but without avail. At the autopsy it was found that the diagnosis was correct—a polycystic tumor. There were no adhesions whatever to the abdomen. Dr. Thomas held the view that had ovariotomy been performed, very probably the patient would not have died. He said also, that deaths coming on in ovarian tumors without definite cause were not rare.

Stricture of Rectum—Operation.

Mrs. N——; 22; married; no children. Three years ago, while in New Orleans, patient had yellow fever complicated with diarrhœa. The attack lasted one month. After her recovery she noticed that she had constipation, which sometimes lasted for three weeks. She has been for three years under constant medical treatment. Dr. Thomas remarked that in his experience a very valuable rule to observe when called in to see cases of obstinate constipation, was to pass the finger into the rectum before giving cathartics. A case occurred in Dr. Metcalfe's practice, in which a rectal examination disclosed the presence of a bone which could not be removed without the aid of bone forceps. It was discovered that the patient had swallowed the maxillary bone of a pig sometime previous. Dr. Clarke, relates a somewhat similar case: while making an examination he struck what he called "a raft of cinnamon," the nature of the deposit being detected by the aromatic odor imparted to his finger. The boy, it appeared, had eaten a large quantity of cinnamon, which had floated down and accumulated in the rectum. The obstruction being removed, piece by piece, the constipation was relieved.

In the case before us the constipation arises from stricture of the rectum about an inch above the anus. In ninety per cent. of all cases of stricture of the rectum the cause is either cancer or syphilis. In a certain number of cases, however, cholera, dysentery, and diarrhœa, give rise to sloughs, which, on cicatrizing, cause strictures. In the present instance we can exclude cancer; there is no history of syphilis, and the inference is that it arises from a slough, caused by the diarrhœa of the yellow fever. On physical examination, Dr. Thomas discovered a well-defined cicatrix, and by the introduction of two fingers readily divulged it. He advised the passage of rectal bougies once every twenty-four hours for the present, to be followed by their introduction once a week.

Pelvic Cellulitis.

Mrs. C., æt. 41; six children. Last labor 17th of March—forceps delivery. Next day detected a swelling in the side followed by tympanitis. Patient was confined to her bed two months, and shortly after the swelling noticed a milky flood from the vagina; this has continued from that time to this.

Dr. Thomas said that on a physical examination, he found hardening of the vagina anteriorly and posteriorly, with immobility of the cervix. At a point posteriorly to the cervix was an opening from which pus followed in a steady stream. It is a case of pelvic cellulitis. There is very great danger of opening the pelvic abscess and evacuating the pus. The safer and better plan will be to introduce a sponge tent and widen the canal leading from the

abscess. If this fails, I should feel like using carefully the double-edged scissors. In event of a large channel being established, the cavity might be syringed with tincture of iodine. This class of abscesses are exceedingly intractable and may last eight or ten years. Hygienic and constitutional remedies are especially indicated.

Clinic of Prof. Jacobi.

November 9th, 1870.

Ossification of Sutures of Head.

CASE I.—Child, one year old, was brought to the clinic with the following history. The mother noticed that three months ago the fontanelles closed, and up to the present time the child can neither walk nor hold up its head. There is, also, partial paralysis in the right arm, with an occasional convulsion. The facies of the child approaches the idiotic. It is found that the largest circumference of the child's head is 16½ inches.

CASE 2.—Child; 2 years, 1 month. This patient corresponded nearly in every respect with the previous one. Child has no desire to play, lolls about regardless of everything; is also subject to convulsions; has a partial strabismus. The measurement of the largest circumference of the head is 16½ inches. Prof. Jacobi said: Ossification of the sutures usually takes place in from 13 to 15 months, and when it sets in before this we have undeveloped cerebral hemispheres, as in the cases before us. The largest circumference of the head of the patient a year old is but 16½ inches, it should be 17½; the circumference of the other is also 16½ and it should be either 19½ or 20 inches. Abnormal heads are of two kinds,

Macrocephalous and Microcephalous.

An example of the first is found in chronic hydrocephalus, whereas the second class is represented in the two cases before you. I have noticed, that when the head closes too soon, the incisors make their appearance in the lower jaw first, and are very irregular.

The prognosis is very unfavorable, obviously but little can be expected from treatment. However, fʒss. of tinct. of ergot and 10 grs. of bromide of potassium may be given them to lessen any tendency to convulsions.

Rachitis Involving Bones of Thorax.

Child two months old was presented, in which the movements of respiration were carried on entirely by the abdominal muscles. The infant was apparently in *articulo*, but from the history of the case it appeared this had continued since its birth.

Prof. Jacobi said: The cause of this trouble is deficient calcification in the cartilages and bones of the thorax, or rachitis. This will result in a *pigeon breasted* condition eventually. As far as treatment is concerned we must change the food, and advise, if possible, a better state of hygiene. The child is now on breast milk alone; to this must be added artificial food to be given three times a day.

MEDICAL SOCIETIES.

STATED MEETING OF THE NEW YORK PATHOLOGICAL SOCIETY.

November 9th, 1870.

DR. J. C. HUTCHINSON, President, in the chair.

In the absence of the regular Secretary, Dr. R. E. VAN GIESON was appointed Secretary *pro tem.*

Gastritis Caused by Overdose of Tincture Veratrum Viride.

Dr. FINNELL presented a portion of the stomach removed from a lady 60 years of age. The mucous membrane was highly injected, showing the effects of intense gastritis. The lady was attended by a homœopathist residing in 34th street. She was suffering from hepatic distress, with occasional vomiting of bilious matter. For this derangement he prescribed ten drops of Norwood's tincture of veratrum viride once every three hours. The woman, though vomiting terribly after each dose, continued until six doses in all were taken. Shortly after taking the sixth dose she sank and died from exhaustion. This is what he termed homœopathic treatment. The death was undoubtedly caused by the large doses of veratrum viride, inducing fatal acute gastritis.

Uterus from a Case of Puerperal Convulsions.

The second specimen consists of a uterus and appendages taken from a girl 18 years of age, who had arrived at the full term of pregnancy.

She was confined in a most infamous den in Chatham street, No. 94, where poor unfortunates are taken in day by day to get rid of their troubles and then sent away. This girl entered the place and remained three days, during which time she had puerperal convulsions terminating with death at the end of the third day. Dr. Finnell saw her shortly before she died; she was then moribund and treatment was out of the question.

The uterus is apparently healthy. The walls are from ½ to ¾ of an inch thick. There is no abrasion or laceration of the os. The body was œdematous in the highest degree and the death was the result of uræmic poisoning. Both ovaries show the beginning of the ovarian cyst near the Fallopian tube. During the whole time of her stay in this wretched den, not the slightest thing was done for her in the way of treatment. It is reasonable to suppose, that had proper measures been used she might have been saved.

Dr. Finnell inquired if any one present would give a homœopathic dose of ten drops of veratrum viride for hepatic congestion.

Dr. Hutchins stated that within a month he had given half drachm doses of Squibb's fluid extract of veratrum viride in a case of puerperal convulsions until three drachms in all were taken, and the woman recovered. He believes the recovery due to the remedy. This result coincides with the experience of some of his medical friends, who have also used this remedy in large doses for puerperal convulsions.

Dr. Finnell thought that five drops in the majority of cases would produce an alarming lowering of the pulse.

Dr. Hutchins had seen nearly fatal results in his own hands with five-drop doses, but in the case of puerperal convulsions, he advised the large doses and the woman recovered.

Undiscovered Fracture of the Skull.

Dr. Flint presented a brain with a history from the hospital record. Dr. Flint saw the patient shortly after admission, and supposed from the odor of his breath, and the absence of certain other conditions occasioning coma, that the case was one of alcoholism. He was in doubt whether the increased temperature, as shown by the thermometer, was in favor of or against this diagnosis. The speedy death, and the resulting post-mortem, very soon settled all doubts with regard to the question; a fracture of the skull was found extending from the left part of the lambdoidal suture through the occipital bone to the jugular fossa, accompanied with laceration of the brain substance and pia mater. The cavity of the arachnoid on the right side contains a large amount of clotted blood.

The fracture has probably caused meningitis in the second stage, as there is a little lymph effused beneath the arachnoid.

The interest of the case lies in the fact that a fracture of the skull existed, which, after examination by the house surgeon, was not discovered, and the practical lesson is, that we should examine the skull very carefully in cases of coma, not attended by any previous history.

Dr. Bibbins related a similar case occurring in his own practice, where a fracture of the temporal bone existed, not discovered until after death. In this case the diagnosis was rendered more difficult, from the fact that the intellect was very little disturbed.

Dr. Finnell stated that such cases are not unfrequently revealed in coroner's examinations.

Cancerous Tumor Mistaken for Aneurism.

Dr. Van Gieson presented the stomach, liver, pancreas, and spleen, all taken from the same subject; all more or less involved in cancerous degeneration. The specimen he considered chiefly interesting on account of the obscurity in diagnosis. He first saw the patient in the early part of October, and found, as the main objective point of interest, a large pulsatile tumor in the epigastric region. The enlargement seemed directly in the median line, extending downward to the umbilicus and on either side about two inches. The impulse was remarkably strong, and the unaided ear could easily detect a very loud and distinct systolic murmur. Lateral pulsation was also distinct. Tolerably firm pressure upon the tumor produced a feeling of nausea, but no pain. The patient's general condition at this time was anæmic and suggestive of the cancerous cachexia, but the physical signs seemed to point very strongly toward abdominal aneurism. During the whole of his illness the almost entire absence of pain was a note-worthy fact. At no time was it ever necessary to give an opiate to secure rest or freedom from pain. On the 12th of October a consultation was held with Dr. Ford, of Brooklyn, the family physician, and the growth very thoroughly examined. At this time it was found that change in position modified the strength of the impulse and diminished the distinctness of the murmur. The murmur and impulse, when the patient was made to sit up and lean forward, almost entirely disappeared. By grasping the tumor and lifting it forward, impulse and murmur seemed entirely gone. At this time the patient's stomach was extremely intolerant of food, but vomiting was not attended nor caused by pain. The vomiting appeared more like simple regurgitation. The evidence between carcinoma and aneurism at this time seemed pretty evenly balanced. The result of the consultation was in accordance with the evidence. Dr. Van Gieson was rather in favor of aneurism or omental cancer, while Dr. Ford felt certain of cancer of the stomach; both agreed in excluding the liver from forming part of the tumor.

On the 23d inst., Dr. Flint was called in consultation and the patient again examined. During the interval the growth had enlarged considerably, and the impulse was somewhat stronger than before.

Dr. Flint in his examination elicited a new point in the diagnosis, which previously had not been present or else had escaped our notice, and that was *a distinct second murmur*. He gave as his opinion, that the evidence derived from the physical signs strongly preponderated in favor of aneurism.

The patient survived until the 3d of November, and then sank quietly from asthenia. At the post mortem examination, the left lobe of the liver was found considerably enlarged and the seat of an abscess near the gall-bladder. At this point the stomach was adherent to the liver, and through the gastric walls was an opening about the size of a

large penny, through which the contents of the abscess had partially escaped into the stomach. The stomach itself is the seat of very extensive carcinomatous deposit in all stages of degeneration from the hardness of the initial change to the pultaceous softening and purulent discharge, denoting complete disorganization. The right lobe of the liver is also enlarged and the seat of scattered spots of secondary deposit. The abscess of the left lobe is evidently the direct result of the breaking down of a large nodule of cancerous deposit.

The spleen has upon its surface two patches looking somewhat like a cicatrix. The abdominal aorta was carefully examined and found to be entirely free from disease or adhesions.

The points of interest in this case are, first, the almost total absence of pain during the whole course of the disease, and second, the existence of a second murmur, which, perhaps, more than anything else, led Dr. Flint, after a most patient and thorough examination of the point, to think that the evidence in favor of aneurism preponderated.

Hemorrhage from Detached Placenta.

Dr. VAN GIESON presented a second specimen consisting of a placenta, showing marks of detachment near the centre and lateral border, with the following history:

Mary M——, æt. 32, the mother of two healthy children, was taken in labor at full term, shortly after midnight, on the morning of the 7th of November, 1870. On the preceding afternoon she had taken a moderate walk. The pains did not act as usual, but their character was not accurately determined, except to learn that they were feeble, insufficient and attended with a peculiar feeling of uneasiness at the epigastrium. At about 2 o'clock A. M., her attending physician was called and found her with a pulse of 135 to the minute, blanched features, great thirst, and with but very feeble expulsive pains.

At this time, the external hemorrhage was but slight, and yet it was evident, the woman was in an alarming state of collapse. The os was now rigid, and of a size barely permitting the finger to enter the womb; the membranes were tense.

A physician living near by was now called in, and after a short consultation, hemorrhage from detached placenta was diagnosed and the membranes ruptured as the first step in the treatment. Ergot, which had already been given, was now administered freely and frequently, together with occasional large doses (teaspoonful) of laudanum.

Although the head now descended and seemed to fit against the rigid fibres of the os so accurately that leakage would appear to be impossible, yet the bleeding still continued; slight between the feeble pains, but with very abundant gushes at each expulsive effort.

The situation at this juncture was discouraging in the extreme. Both physicians were reasonably certain of the diagnosis, fully appreciated the impending danger, and were yet powerless on account of the non-dilatation of the os.

Unable to introduce the forceps without danger of rending the uterus, they still continued to give ergot and laudanum in heroic and frequent doses; meanwhile the os very slowly yielded, while the fundus seemed to have a little more contractile force during the pains. At about 6:30 A. M. I was sent for and arrived at the bedside at 7:30 A. M., some 5 hours after the probable beginning of the labor.

The woman had now but feeble pulsations at the wrists; the eyes were turned back; the face blanched; in a word, she seemed entirely exsanguinated. The os was now sufficiently dilated to admit the cautious introduction of instruments. The forceps were at once applied, and in a short time, certainly less than fifteen minutes, the woman was delivered. The bloodless child gave a gasp or two and died. The cord was broken near its middle. I think this occurred during delivery, although it is but fair to state that the attending physician, a most intelligent obstetrician, thinks the break in the cord may have been intra-uterine and therefore a probable superadded cause of the hemorrhage and sudden death of the child.

The delivery of the child was followed by abundant dark clots of blood. On introducing my hand in the uterus I found the placenta free. Its removal was followed by a chamberful of dark grumous blood, evidently sometime effused.

Energetic means were at once used to induce contraction. The hand kept in the cavity of the womb for this purpose could discover no rent or fissure in the uterine walls. The introduction of a large ball of icé was followed by feeble contractions. The ergot and laudanum were now resumed with the addition of ammonia, but in spite of all efforts the woman quietly expired at about 8 A. M., some twenty-five minutes after delivery. I think with regard to the treatment, that with the indications gathered from this painful experience, I should not in the future place much dependence upon the use of ergot in such cases, but at the *earliest possible moment* would dilate and then turn or deliver with the forceps. A dose of ergot just before operating, to counteract the effect of suddenly unloading the uterus, would of course be useful, as it would tend to act at the close of the operation. Concerning the free use of ergot and laudanum after delivery, there can hardly be but one opinion, but first and foremost in the treatment of this rapidly fatal complication, I should most certainly place *manual interference*.

Dr. FLINT stated that in the examination of the

first case he felt quite certain that he heard over and over again *two* murmurs. He based his opinion of aneurism upon the presence of the second murmur. The result has convinced him that hereafter he would be obliged to modify his opinion with regard to its significance as indicative of aneurismal tumors. With regard to the cause, it may be that the descending weight of the tumor produced a second wave of the vessel, which gave rise to the murmur. He was not sure that this was philosophical, but he could think of no other mode of explanation.

Dr. FINNELL stated that the puckered up appearance on the surface of the spleen was not uncommon in all forms of peritoneal inflammation and especially in cirrhosis. It was the result of fibrinous effusion.

With regard to the second specimen, he referred to a similar case presented at the last meeting of the society, and in relation to the treatment of the complication, said that Dr. White, at that meeting, expressed himself as being in favor of ergot, rather than totally and suddenly unloading the uterus, as this would be followed by complete inertia, and still more alarming hemorrhage. Dr. Finnell thought from the fact that ergot was freely given in the case just presented, and yet with an unfavorable result, that in another case he would urge the thorough and free use of ergot, and then use means to unload the uterus.

Dr. BIBBINS would state in regard to the first specimen of cancer, that he presented a similar case to the society some ten years ago, wherein he had made the diagnosis of aneurism. There was absence of pain and very strong superior and lateral pulsation.

Dr. CLARK, in his remarks on the case at that time, said, "While cancer was painful in other parts of the body, that cancer of the pyloric orifice *without ulceration*, was not attended with pain."

Dr. ROGERS thought that in nearly all the cases presented to the society, the usual history has been that absence of pain had deceived the diagnostician. He had no doubt it was from that experience that Dr. Clark's remarks were suggested. With regard to the second specimen, he stated that the earliest case of intra-uterine hemorrhage which he had met, occurred a little after the second month. The amount of blood lost in two bleedings, was sufficient each time to fill a large "pot de chambre," and the woman recovered.

Dr. FLINT thought the remarks upon pain in cancer would tend to leave an erroneous impression. He wished his testimony to be recorded that pain is present in the great majority of cases as a rule, although he had met with cases in which pain was not present.

Dr. WHITEHALL had seen two cases of cancer of stomach, and two of abdominal aneurism; pain was present in one case of cancer, and present in both cases of aneurism, attended with local tenderness and pain in the lower extremities, which might be taken for rheumatism.

Monstrosity with Cystic Tumor.

Dr. BIBBINS presented a monstrosity delivered at full term, with the following remarks: Upon the lower part of the trunk of this child, proceeding from the junction of the right buttock with the sacrum and lower part of the spinal column, is a very large cystic tumor. The mother is a healthy Irish woman, thirty-two years of age, who had previously borne three children, all healthy. While carrying this child, she felt extremely anxious concerning her confinement, as her shape and sensations were peculiar. She is not aware that any deformity exists in her family. The father has had primary syphilis and chancres. She was taken in labor on Tuesday last, a week ago. When the doctor was called the sac of waters protruded, but it was impossible to make out the presentation without rupturing the membrane. She was then left for a time. On calling again in the evening and endeavoring to make out the presentation, the membranes were ruptured and the pains ceased; but it was still impossible to discover the nature of the presenting part. On Thursday the pains returned, but not much progress had been made; on introducing the finger in the os a fleshy mass could be felt, but no bony substance could be detected. At 2 A. M., some three physicians were sent for, none of whom came, until finally Dr. J. L. Camel, their former family physician, arrived at about eight o'clock in the morning. Dr. Bibbins frankly stated to him that he was unable to make a diagnosis. After a consultation we both failed to make out the presenting part, until an attempt was made to turn the child; a large fluctuating mass was then discovered; on pressing this mass the head was found at the fundus, but we failed to secure the feet; the mass was then punctured, after which with great difficulty one foot was found and then the other. Nothing further was done until the mass was freely incised, after which delivery was fully accomplished. The tumor, before incision, was probably six times the size of the fœtal head, though we have nothing left here but the sac, inside of which is another tumor apparently connected with the spine. The mother is doing perfectly well.

Dr. HUTCHINGS stated that within a few months he had seen a tumor in this region, containing some two quarts of fluid; believing it was not spina bifida, he punctured it and injected iodine; soon after this, the tumor reappeared, and not long after the child died of cholera infantum. Dr. Hutchings referred to Sir James Simpson's treatise upon this subject, where similar tumors are described and illustrated as occurring outside of the spinal column.

Recurrent Fibro-plastic Tumor.

Dr. POST presented a tumor removed last week from a lady aged 59 years. It was situated about three inches above the upper margin of the mammary gland, being the third production in that region. In July, a year ago, he removed a similar tumor from this patient, just above the mammary gland; in June following another, three inches above the cicatrix of the first one, and, recently this growth, which proceeded from the cicatrix of the second operation. The tumor removed in June, was examined by Dr. Lewis, and pronounced to be fibro-plastic. It is interesting from its remarkable tendency to be reproduced without apparently affecting the general health or contaminating the system.

Aneurism of Abdominal Aorta.

Dr. POST presented a second specimen taken from a young man 37 years of age, complaining of pain in the lower extremeties, regarded as rheumatic and neuralgic pains in the abdomen. He examined carefully for aneurism, but could detect no pulsation. On Thursday last, he died suddenly, and the Doctor was requested to give a certificate, which he refused to do without making a post mortem examination; although, he had a strong suspicion that the case was one of abdominal aneurism, from the character of the pains and mode of death. It was learned, at the house, that he had suddenly been taken with excruciating pain, a feeling as if something had given way; after which, he lived some twelve hours, during which time, he was not remarkably prostrated, but gradually sank and died. On opening the abdomen, an aneurism was discovered just below the diaphragm, and blood was found effused in large quantities in the lesser omentum. The superior mesenteric is given off from the tumor. About a year ago, Dr. Post visited a patient in the same house, who had also died suddenly; the aneurism in this case was found just above the bifurcation. There was no prominence forward, but the growth had enlarged backward, eroding the vertebræ nearly to the spinal canal. It was so deeply situated that neither auscultation nor palpation detected it during life.

Dr. SAYRE suggested that as the muscles were good conductors of sound such an aneurism might be detected by applying the stethoscope posteriorly near the spine.

Dr. POST said that he had not examined the patient in this manner; with regard to the pain of aneurism and cancer, he considered aneurism by far the more painful disease, especially when a plexus of nerves is involved, which is frequently the case. He had seen a case of axillary aneurism attended by the most intense pain; it was subsequently discovered that the axillary plexus of nerves was completely imbedded in the walls of the aneurism.

Dr. FLINT gave the history of a case of aneurism of the thoracic aorta, which took a backward course and was not recognizable by the ordinary physical signs. The chief symptoms were localized pain, spasm of the glottis and feeble respiratory murmur, more feeble on the left side than the right. The case proved fatal by hemorrhage from the trachea.

Dr. SAYRE presented a specimen of epithelioma taken from the lower lip on the left side, from a young man 21 years of age. It has been about 18 months attaining its present size. Opposite the growth was a hole in the tooth caused by the use of a clay pipe. He considered the specimen interesting on account of the youth of the patient.

Dr. Sayre presented a second tumor, the nature of which he had not examined—removed from a patient presenting himself at his clinic at the Charity Hospital. The subject was 43 years of age, and had a large swelling on the right gluteal region some six inches in diameter, with a fluctuating feel in the middle. This growth began some two years ago. It has not increased materially for the last six months. The central portion was not reddened until about two months ago. The tumor was laid open by an incision six inches in length, when about a quart of fluid escaped. At the bottom of the abscess at the junction of the sacrum and the ilium this growth was found. Fifteen years ago the patient suffered from syphilitic necrosis and the present growth may be of the nature of an exostosis. Both specimens were referred to the microscopical committee, when the society went into executive session.

DISSOLUTION OF THE BERKS COUNTY, PA., MEDICAL SOCIETY.

Reading, Nov. 22d, 1870.

The regular quarterly meeting of the Berks Co. Medical Society was held this afternoon, at 1 o'clock, at Stauffer's Hall, No. 521, Court street, in this city.

The following gentlemen answered to their names, viz.: Drs. Wallace, Mathews, Ulrich, Brooke, Brobst Edw., Shearer, Coblentz, Weidman, Byerle, Kurtz, Brobst J., Stearly, Dundore, Turner, Kalbach, Kuhn, Ammons, Rhoades, Conrad, Hunsberger, Kreye, Weber, Leaman, Moore.

The minutes of the preceding meeting were read and approved, a motion having been made and carried to omit the reading of the affidavits and testimony accompanying the different reports of committees.

Dr. Ulrich, the Treasurer, presented a bill from the State Medical Society for its transactions, amounting to $30.40, and Dr. Brooke, the Corresponding Secretary, an account for postage of $7.50. Both bills were ordered to be paid.

Dr. Joseph Coblentz moved that the regular order

of business be suspended in order that he might introduce a series of preambles and resolutions; which being granted, he requested the Secretary to read the following:

WHEREAS, The objects of this Society, as defined by its Constitution, are to cultivate the science of medicine and all its collateral branches, to elevate and sustain medical character, to encourage a system of medical etiquette, and to promote mutual improvement, social intercourse, and good feeling among the members of the medical profession; and,

WHEREAS, At its stated meeting held in this city on the 16th day of August last, this society, in response to an effort made to preserve its integrity and to maintain the honor and dignity of the profession, did so demean itself as not only utterly to destroy its usefulness, but also to bring odium and contempt upon the organization itself, as well as disgrace upon the profession in general; and,

WHEREAS, As a legitimate consequence of such action, in direct violation of Section 9, Article 5, of the Constitution of the Medical Society of the State of Pennsylvania, we must necessarily be deprived of all connection with that Society, and our delegates be excluded from its annual sessions; therefore,

Resolved, That whilst we deplore the necessity that is laid upon us, self-respect, as well as a due regard for the opinion of our professional brethren demands, that we should disband the "Berks County Medical Society," and accordingly *we do hereby disband the same*, as the only practicable method by which we can be relieved from the unfortunate dilemma in which we have been placed by the disreputable conduct of a portion of our fellow-members; give conclusive evidence of our loyalty to the profession, and be restored to fellowship in the State Society and the American Medical Association.

Resolved, That the proceedings of this meeting be published in the transactions of the State Medical Society, in THE MEDICAL AND SURGICAL REPORTER, the *Medical Times* of Philadelphia, and the Boston *Gynæcological Journal*.

Adopted without a dissenting voice.

In accordance with the above resolutions the President declared the Berks County Medical Society *disbanded*.

W. MURRAY WEIDMAN,
Recording Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

Danger of Abortion.

At a late meeting of the Buffalo Medical Association, reported in the Buffalo *Medical Journal*, Dr. ROCHESTER reported an interesting case which shows the results which sometimes follow abortion. He was called to see a woman who had formerly been a patient of his, and whom he had delivered of children. She became tired of raising a large family, and, being pregnant, had brought about an abortion, by some means, which was followed by metritis, phlegmasia dolens and anæmia. When called to the case he was assured by the attending physician that it was one that from the severity of the symptoms, which indicated disease of the knee-joint, required amputation. Dr. R. diagnosed the disease as an abscess forming in the tissues of the thigh, which was soon confirmed by the pointing of an abscess at the upper part of the thigh, which was opened; and it also opened spontaneously between the anus and vulva. This case adds additional proofs to the evidence already before the profession, of the extreme danger attending procured abortions.

Dr. WHITE said that a large proportion of the diseases of women which he is called on to treat, are due to procured abortions—hypertrophy and ulceration being very common: was called on to see a case of abscess posterior to the womb, which was caused by an abortion.

A New Surgical Device.

We have already referred, says the *Lancet* of July 9th, to the interesting experiments which are being carried out at St. George's Hospital by Mr. GEORGE POLLOCK in reference to the process introduced by M. REVERDIN, of promoting the healing of ulcerated surfaces by grafting upon them small pieces of healthy epidermis. On Tuesday last we saw Mr. Francis Mason at the Westminster Hospital attempt an adaptation of the process to a recent raw surface. The patient was a young woman whose chin and lower lip were drawn down by strong bands of cicatrix from an extensive burn, producing a terrible and increasing deformity. The plan of operation adopted was a combination of the old one by division of cicatrix with the novel feature devised by M. Reverdin. By division of some strong bands and dissection of adherent integument, the skin about the lower part of the face and upper part of the throat was released, at the expense of two large raw surfaces which were now left lower down. It was upon these that Mr. Mason next proceeded to engraft six or eight pieces of skin, which he snipped off the lax abdominal tegument. They were not bigger than half of a small pea, and they were

planted by simply laying them on the raw surface and retaining them in position by transparent plaster. The hope is that these patches of skin may form centres from which integumentary growth may spread in every direction, and thus materially diminish the time which would otherwise be required for the healing of such large surfaces by unaided granulation. Success has attended the process as performed upon old granulating surfaces; it remains to be seen whether a similar result will obtain where, as in this instance, the surface which receives the grafted skin is a raw one recently exposed by dissection.

Treatment of Granular Lids.

Prof. J. F. MINER, of Buffalo, said in a recent clinical lecture, reported in the *Medical and Surgical Journal* of that city:

The condition of the cornea is the source of danger, and to it you are to direct attention. I say, direct attention, but not treatment. To judge of the severity of disease and the probable result, you are to observe the cornea; if any dangers to vision are present they are to be found in the condition of the cornea, and not in any changes which may have taken place in the lining membranes of the lids. A great variety of collyria have been recommended, and many plans of procedure proposed; but modern experience justifies the conclusion that a crystal of sulphate of copper applied to the granulations every day, or every other day, in the manner that you now observe me make the application—by everting the lids and drawing it smoothly and lightly over the surface, is the most satisfactory and successful method of treatment. Nothing but want of perseverance and lack of thorough application can cause failure. You may, in such case, apply it and nothing else, never being discouraged or deviating for a better remedy, for if properly applied it will certainly effect a satisfactory result. It is a safe, certain and satisfactory remedy.

Maternal Impressions.

Dr. W. W. ALEXANDER, of Athens, Tenn., sends us eight cases of what he believes to be maternal impressions. We have no space for all, but select the following as the most striking:

"An intelligent, educated and highly respected lady accounts for the deformity presented in the right hand of a daughter to the impression created by a shock, some months before her birth, the consequence of a pistol shot received in the hand by her oldest son, which produced a severe and disfiguring wound.

"I once saw a child with a large excrescence upon the end of the nose, in color like a "mole," but elevated like a wart, which deformity was *predicted* by the mother months before the birth of the child, as the result of sitting at her father's dinner table during harvest time, opposite a laborer, who had a similar lump upon the end of his nose, the exact counterpart of which was possessed by the child.

"The other day I was called to visit the most horrible specimen of human deformity I ever beheld, and which I hope never again to see. The mother informed me that at an early period of pregnancy she was at the house of an old neighbor who had died the preceding day. As she entered the room containing the corpse, some persons were fruitlessly endeavoring to press into too small a coffin the dead body of her old friend. She says she "felt sick and immediately left the house, and returned home, harrowed for days and nights by the impression made upon her mind by the revolting sight which occasioned frightful dreams, in which the appearance of the dead body being forced into its narrow receptacle was ever present."

Treatment of Premature Births.

At the meeting of the Canadian Medical Association, in September, Dr. GARRISH referred to the method adopted by himself to obtain delivery of a live fœtus in cases where, owing to a malformed pelvis, he had previously had to resort to the crotchet. He induced premature labor at the eighth month, and then had two pans ready—one filled with warm water, and the other, shaped like a bath, arranged to float in it. On the birth of the child he did not allow it to be washed, but had it rolled in cotton wool and placed in the second pan or bath. In this he allowed it to remain for a month, till it was a nine months' child. He spoon fed it with milk, and constantly had the water in the first basin at a temperature of about 90°. By this plan he had, in a great many cases, succeeded in saving the child.

Reviews and Book Notices.

NOTES ON BOOKS.

The annual report of the trustees and superintendent of the State Lunatic Hospital of Pennsylvania, for 1870, shows a total of admissions during the year of 168; males 86, females 82. The number discharged during the same period was 144; males 75, females 69, the whole number under treatment during that time was 578. The number remaining in the hospital on September 30, 1870 was 434; males 223; females 211.

LIONEL BEALE, F. R. S., author of the well-known work on the microscope, has a new volume in the press, entitled "Disease Germs: their supposed Nature."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 3, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.

HOW TO SAVE MONEY!

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the REPORTER from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

☞ *The Cash must always accompany the order.*

1. By taking all our serials, REPORTER, COMPENDIUM and POCKET RECORD, at $8 in advance.

2. By paying for the REPORTER 2 *years* in advance, $9, or 3 *years* in advance, $12, etc.

3. By sending *new subscribers*, and retaining $1 on each new name paying one year ($5.00) in advance.

4. By ordering *all their periodical literature* through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent on orders above $50, and 10 per cent. on orders above $100.

6. To new subscribers remitting directly to us, we proto agents as commissions, and credit them 15 *months'* subscription for $5.

III. As a low-priced literature can only be sustained on the principle of CASH PAYMENTS, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be surprised if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the CASH IN HAND, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

PROFESSIONAL REGULATIONS IN CANADA.

Few physicians in the United States are acquainted with the rules and regulations which govern the profession in Canada. As the subject is one which will interest many, we will briefly sketch what these are, deriving our information from the official circular of the Executive Committee of the College of Physicians and Surgeons of Ontario.

The College of Physicians and Surgeons of Ontario, incorporated by Act of Parliament, January, 1869, is not a teaching body, but is the Central Examining and sole Licensing Board in the Province.

Before the passing of this Act, eight Institutions and two Boards in Ontario had the power of examining pupils and granting degrees or certificates, entitling the holder, without further examination, to the Provincial License to practice.

Besides these there were a homœopathic and an eclectic board.

Under the present Act, these two boards have ceased to exist, and the degrees or certificates of the institutions no longer command the license.

All applicants now for licenses must be examined in descriptive and surgical anatomy, medical pathology and diagnosis, theoretical and practical chemistry, physiology, sanitary science, toxicology and medical jurisprudence, operative surgery and surgical pathology, botany and operative midwifery.

Having given satisfactory evidence before the general board of examiners of proficiency in these departments, the candidate is then allowed to choose whether he wishes to be registered as a regular, a homœopathic, or an eclectic practitioner. If either of the latter, he is examined by examiners of those respective systems in the following branches: Materia medica, therapeutics, surgery other than operative, midwifery other than operative, theory and practice of medicine.

The Examining Board is elected annually by the Council, and consists of twelve members, of whom eight belong to the general profession; two are homœopathic and two are eclectic practitioners.

They do not have quite so much talk about a code of ethics there, as we do, because there is none written, the ordinary principles of honor among gentlemen having, we believe, been found sufficient there to answer the purpose.

By the above system of examinations, the country secures educated physicians, even if they are homœopaths or eclectics, and we confidentially confess our belief that the patient is better off in the hands of a well-educated irregular practitioner, than in those of an ignorant one though he be regular, heretical as such a sentiment may seem.

Furthermore, we like the plan, because it cuts off at once the trade in diplomas, and and dries up the sources of the existence of one-horse, sham medical colleges, which just at present are pouring forth upon our devoted country an annual army of half-educated doctors, who disgrace their calling and abuse the public.

In other words, bold as such a position may appear, we are of opinion that this great country of ours, which we all know is ever so far ahead of the rest of the world, may profitably learn something from its humble neighbor, and take a lesson in internal economy which will be found of advantage.

A LEGION OF LEECHES.

Seventy-four thousand doctors! Think of it. All this number in our country, according to the present census, unless the newspapers inform us falsely. In 1860 there were fifty-five thousand,—an increase of 19,000 in ten years, or nearly two thousand a year!

Ought not these figures to "give us pause?" Reflect a moment what an army they would make, even in this day of big armies; or what a city they would form, larger than any in many of the oldest States.

Or, look at it again from another point of view. What a mint of money it takes to support this army! Probably we are within the mark when we calculate that the average income of the 74,000 from practice is a thousand dollars a year each. This makes $74,000,000 a year, which the sick pay for medical advice. For their medicines it is safe to say they pay the odd $26,000,000, which remains to make up $100,000,000 a year, as what sickness costs the American people. And in this calculation we have left, altogether, out of account the tons and hogsheads of quack medicines, which this misguided people pour down their throats. We could safely estimate that at $25,000,000 a year more:

As we are economical in spirit, would it not be well to save some of this? Can it not be done? Let the people study these figures a while, and then reflect that probably one-half, or certainly a large fraction of this expense, is incurred by a deliberate infraction of the laws of health; that if they tippled less, smoked less, overworked less, were less given to lechery and wantonness, ate slower, exercised more judiciously, were less "fast," and less self-indulgent, they would save some thirty or forty millions a year. When hygiene is at a loss for any other argument, she can appeal to frugality, and statistics will show that the appeal is a wise one.

Making money is in America the "chief end of man"—as the Westminster catechism has it. Plenty of advisers are ready with their wise saws how it can be accomplished. We are one of them, and offer a saw quite as true and less trite than any of them, and it is this —keep healthy. Living in the midst of a commercial mart, and in the thick of the desperate conflict for wealth, we have seen many a hero in the fight lose all for want of health, lose it, perhaps, just at the moment when a month or two more of work would have made a fortune.

It is said that when Alexander VI. died, his son, the famous Cæsar Borgia, had every provision made to seize the supreme power and make himself master of Italy, that he had every possible contingency guarded, but one, and that was his own physical inability to take advantage of the crisis. But sickened to threatening illness, by the same poisoned wine which killed his father, he lost his chance and died defeated, an exile, and a captive. It were well if many an American business man took warning by the moral this fragment of history conveys, and would remember that the labor of a life may be lost by the preventable illness of a week.

Notes and Comments.

Information Wanted.

On the 14th of November a postal money order was received without an accompanying letter. Will the sender please give his name and residence, and the amount sent, so that we may know to whom to credit it?

Opium Poisoning Treated with Veratrum.

A correspondent in the South asks for the experience of the readers of THE REPORTER with veratrum viride in the treatment of opium poisoning.

Accidents.

Dr. M. A. JOLLY, of Mt. Hebron, Ala., lately had a bad fracture of the leg, and another physician in that vicinity received a serious injury of the foot, in both cases seriously interfering with their business. Of all men in the community, physicians should be supporters of the Accident Insurance Companies.

Poisoning Cosmetics.

We are glad to see this subject occupying the attention of the profession and the public.

At a meeting of the Middlesex East Medical Society held at Arlington, Mass., on Wednesday evening, November 2, a report was read by a committee appointed at a previous meeting, and the secretary was requested to send a copy to each of the newspapers in the district for publication. It begins:

"The attention of the public has of late been called to the subject of 'Poisonous Hair Dyes, and Cosmetics,' and with good reason, for the frequent use of these preparations has been followed, in many cases, by alarming results.

"At a late meeting of the Middlesex East Medical Society, several cases of paralysis, and other nervous diseases resulting from their use were related."

It then quotes from the remarks made by ourselves in THE REPORTER, and gives a list of notoriously injurious cosmetics. Such action will do good. We may add in confirmation of its need, that within a week one of the most skillful practitioners in the country districts of this State, said to us, that he had known fully a dozen cases of disease and death in his immediate vicinity directly traceable to this cause.

Detection of the Adulteration of Quinine with Salicine.

Dr. SOLENÉN, says the *American Chemical News*, has comparatively tested the degree of accuracy and sensitiveness of the different tests in use for the detection of the presence of salicine in quinine, which, if made with the view of fraudulent adulteration, will always be at least at the rate of one per cent. of salicine, or more, because less will not pay. The author employed three kinds of sulphuric acid—viz.: the fuming, pure concentrated acid, free from arsenic and nitric acid; ordinary concentrated sulphuric acid of commerce, containing a trace of nitric acid; and, lastly, sulphuric acid to which, purposely, nitric acid had been added. A watch-glass having been placed on a sheet of white paper, and a drop or two of the acids above referred to (each in a separate glass) having been poured therein, a few crystals of the alkaloid (sulphate of quinine) were put on the acid; if pure, there is no coloration, but, even with 1-100th of salicine, the two first named acids caused a distinct red coloration, which did not ensue with the acid containing nitric acid. This latter acid was not even colored by pure salicine.

Correspondence.

DOMESTIC.

Remarks on Dropsy of the Amnion.

EDS. MED. AND SURG. REPORTER:

In THE REPORTER for September 24th, and October 1st, 1870, I notice an article of considerable length on the subject of "Dropsy of the Amnion," from the pen of that elegant and forcible writer, Dr. O. A. BATTSON, of Claremount, Ills. The paper evinces deep research, and is evidently the production of a mind well stored with facts connected with obstetric medicine. I am persuaded that in presenting his truly valuable productions to the notice of the scientific public, Dr. B. is only actuated by that philanthropic desire which prompts the true physician to use all means at his command to advance pathological knowledge and with it the welfare of afflicted humanity. Acting upon the foregoing supposition, I hope the doctor will regard the following very imperfect review of his article as the offspring of a desire only to be useful; and that he will, therefore, regard with kindness any views therein expressed, though they be in conflict with his own.

If I correctly comprehend the position assumed by the writer, it is that the amniotic membrane is in its structure and functions almost the exact analogue of the serous membranes, and that one of its patholgical conditions—namely, inflammation—is *always* an antecedent to and causative of amniotic dropsy. Not inclined to hazard an opinion as to the "analogy," I am very decidedly of the opinion that reasoning from his own postulate will demonstrate the fact that *he has been too exclusive* in limiting the malady to that cause alone.

Serous membranes perform a double function, *exhalation*—or *secretion*, if you like the term better—and *absorption*. Upon a healthy balance of these offices depends the normality of their sequence. If "dropsy" is an excessive collection of fluid in a shut cavity, it follows that such excess may occur, not from causes which act upon the secretory functions alone, but from causes also which retard or arrest *absorption*. This may happen whilst exhalation is not only not increased, but whilst it is normal in quantity, or even *less* than in health. There are doubtless many morbid conditions which may give origin to amniotic dropsy without charging the fault exclusivelty to inflammation; and prominent among them may be mentioned *diminished vitality* consequent upon anæmia, uræmia, leucocythæmia, and probably other altered conditions of the blood incident to the parturient state. Indeed, these conditions may be, and doubtless are, often the source of mischief of a two-fold character—favoring escape and retention at the

same time. In just such cases we might expect to find "arrested fœtal development" and any other abnormal condition which could have its origin in faulty ovuline nutrition.

When serous membranes (and the amnion also if we keep to the analogy) become inflamed, and effusion of moderate quantity occurs, as a consequence, the liquid is absorbed—often with astonishing rapidity, directly the inflammation subsides. It seems to me therefore that an effusion following an inflammation of so slight a character as would have been requisite to the production of the delicate vascularity, as observed by Dr. B., ought to have been absorbed very early after the subsidence of the inflammation, and particularly so if, as he claims there really was, numerous healthy interspaces in the membrane, situated between the vascular networks. It seems to me, however, that the quantity of the liquor amnii far surpassed what would be a reasonable allowance as the production of so limited a vascularity, even allowing the inflammation to have continued for a time after the formation of the vessels; and had the functions of absorption then been suspended and have remained so permanently.

It may be said in reply that the vascularity favored the secretion of an extra quantity of serum even after the inflammation had passed away; but it may be asked in reply, does not vascularity favor absorption also, thus in health assisting to repair the very mischief wrought by it in disease?

That the function of absorption is quite active in the case of the fœtal membranes, we may presume from the simple fact that the mere accumulation of the fœtal urine alone, during the last six months of intra-uterine life, would aggregate a quantity of fluid far in excess of what we find in ordinary cases at term. Through this agency, no doubt, much of the effete material eliminated from the fœtus and its appendages is carried back into the circulation of the mother; and to this, as one cause, we may turn for a solution of some of the causes of puerperal convulsions and kindred affections in pregnant females.

I am not prepared to deny in an absolute way that inflammation of the amnion is *never* the source of excessive effusion into its cavity, but I think it would be equally logical to say that *all* dropsies are *always* the result of previous inflammations. I am not very much of an enthusiast in regard to specifics, either in therapeutics or pathology.

With humble deference for the opinions of such observers as MERCIER and the author of the article in question, I must say that there are good reasons for believing that inflammation of the amnion never does happen; for during the first two months of fœtal life, and sometimes throughout the entire period of pregnancy—as in cases of dropsy of the chorion or "double waters"—the amnion is totally isolated from contact with vascular structures, Indeed, this is so always, I believe, even in normal conditions, the two membranes merely lying in contact, the inner having no *direct* connection with a ready formed vascular system, save for the space of about one inch at the end of the umbilical cord near the child's navel. I hold this opinion from the fact that very good pathologists are of the opinion that inflammation can only be propagated in the non-vascular structures, such as the cornea, cartilage, etc., of which the amnion is the analogue, without *direct* connection of these parts with vascular structures, the terminal points of whose vessels may serve as a commencement for the system to be generated.

That *placentitis* often happens I suppose is beyond controversy; and that arrested nutrition of the fœtus occurs as a consequence seems to me equally conclusive. On the 1st of January, 1867, I was in attendance on Mrs. G., a rather delicate lady, in bed with pulmonary inflammation. She was four and a half months pregnant, and complained greatly with tenderness and pain in the uterine region, which however subsided under proper remedies, and I heard no more of the case until March 20th, when I was summoned to her in labor. After a tedious effort I delivered her of a living infant, which was well formed in every particular, but was *incomparably* the most diminutive specimen of the genus homo which I have ever met—that is, to *live* and *do well*; Its weight, with the usual accompaniment of clothes, being two and one-fourth pounds, and at the age of three months *three* pounds (including the old hat in which it was placed for the convenience of weighing). It is now as heavy as other children of its age. The placenta was firmly adherent, and I could only remove it by piecemeal—therefore could have learned very little as to its size, form or structure, had my mind been directed to the subject. There was no hydrops amnii connected with the case, though in truth this lady had on a former occasion given birth to a child afflicted with spina bifida and imperfect development of the cranial bones. I do not know as to her condition during pregnancy, nor what condition of the amnion obtained at her accouchment, as I was not present. I think this case will establish the truth that *arrested fœtal development* is not always due to dropsy of the amnion and also that dropsy of the amnion does not always follow inflammation of the placenta; that inflammation of the amnion is not necessarily connected with placentitis, nor is not necessarily followed by effusion if it occur. And further, this case has some bearing on the idea that some vitiated attribute residing in the system of the mother has much to do in the production of such cases.

The theory of Dr. B., as to the probable cause of inflammation attacking the amniotic membrane,

particularly in the early stages of pregnancy, seems to my humble judgment wholly untenable, as the fœtal kidneys are only half-formed at the end of the third month of fœtal life, and therefore are not fitted for the production of much urine (if any) from which to eliminate an acid. One more point, and I have done.

I certainly think the rough and inaccurate manner in which Dr. B. arrived at his conclusions as to the albuminous flakes he saw "with his own eyes," in the liquor amnii, is calculated to do his otherwise excellent paper an irreparable injury, as it certainly gives room to doubt the accuracy of all his observations. Might not the flakes have been composed of other material than *coagulated* albumen? These flakes were suspended in or floating on the liquid, and were wafted by the wind. FOWNE says that albuminoid flakes *fall* when largely diluted with cold water, and may be collected on a filter and washed.

Albumen, when in a largely diluted condition, as in a large quantity of amniotic water, requires for its *coagulation* 212 degrees of heat, or the addition of a *strong* acid. When we recollect that in the adult, under proper conditions of diet and exercise, both of which favor the elimination of free acids in the urine, that there is only one per cent. in the thousand generated, is it at all probable that the half-starved and diminutive fœtus in the quiescent state should furnish urine capable of giving origin to acids strong enough, diluted as they would be, to *coagulate* albumen? And it must be further recollected that these *free* acids supposed by Dr. B., would have certain quantities of alkaline constituents in the urine to neutralize, before beginning their concentration for an attack upon the albumen contained in the liquid. Let the reader imagine the amniotic sac filled with concentrated vinegar, and he will better appreciate the idea. For an admirable illustration of the large increase of the acids in the urine during powerful muscular exertion, see FLINT, jr., in New York *Med. Gazette*, Oct. 1, 1870.

J. P. CHESNEY, M. D.

New Market, Platte county., Mo., Nov. 1.

NEWS AND MISCELLANY.

Testing the Purity of Hydrate of Chloral.

The purity of hydrate of chloral may, it is said, be tested by means of a concentrated solution of potash. The pure hydrate does not color this at all, or at most only a feeble yellow, and gives forth the pure smell of chloroform. Should the liquid assume a brown color, and the smell of chloro-acetic acid be combined with that of chloroform, or should gases of a pungent odor be developed, which is not seldom the case, the product is impure and unfit for use.

The Long Island College Hospital.

The regents of the Long Island College Hospital, finding their present accommodations insufficient for the growing demands of the city, have contracted for the erection of a new wing to the present hospital buildings, to be completed and ready for the reception of patients by the first of February ensuing. The new building will occupy nearly the entire south front of the present hospital grounds, on the corner of Henry and Amity streets. It will have a frontage of 148 feet on Amity street, by 32 on Henry street, and is to be three stories high.

Medical Services.

In the Supreme Court, New York, recently, Judge Van Brunt presiding, a suit brought by Dr. Charles B. Taylor against Andrew Campbell, for medical services, was tried and a verdict given for the plaintiff. It appears that Mr. Campbell engaged the doctor to treat his son by the Swedish Movement Cure, agreeing to pay him $125 in case he was successful. The doctor treated him successfully, but did not employ the Swedish Movement Cure, whereupon the defendant declined to pay, and hence the suit.

——"The American Ambulance"—that contrived by Dr. B. HOWARD, of New York, we believe—is giving very great satisfaction to the belligerents in the European war now in progress.

——At a late meeting of the Sumter County (Ala.) Medical Society, Drs. R. D. WEBB, W. G. LITTLE and E. H. SHOLL were appointed delegates to the meeting of the American Medical Association, in San Francisco, next May.

——Dr. T. C. Rowles and lady, of Steubenville, Ohio, celebrated the twenty-fifth anniversary of their marriage on the 4th of November.

MARRIED.

CHASE—PEASE. In Exeter, Oct. 20, by Rev. W. B. Fenlason, Dr. S. W. L. Chase to Miss Augusta A. Pease, all of Exeter, Me.

KING—NEILSON. In New York city, Nov. 10, by Rev. Stephen H. Tyng, D. D., J. Francis King, M. D., of Wilmington, N. C., and Miss Susan Le Roy Neilson, of New York.

MILLER—ELDER. At the residence of the bride's parents, Brinton, Pa., Nov. 17th, 1870, by Rev. J. Marshall, assisted by Rev. Mr. Dallas, Dr. J. A. Miller and Anna V. Elder, daughter of Col. S. Elder.

MOORE—MCCULLOCH. At the residence of the bride's parents, Nov. 9th, by Rev. S. K. Vaught, Dr. C. T. B. Moore and Miss Mary McCulloch, both of Mason county, West Va.

NEALL—GRISCOM. In this city, 24th, 11th month, by Friends' ceremony, Frank Leslie Neall and Hannah Woodnut Griscom, daughter of John D. Griscom, M. D., all of Philadelphia.

PACKER—REDDING. In Claremont, N. H., Nov. 9th, by Rev. F. W. Towle, Dr. N. T. Packer, of Claremont, and Jennette P. Redding, of Amherst, Mass.

TUCKER—MOORE. In Lake Village, N. H., Oct. 25th, by Rev. K. S. Hall, Henry Tucker, M. D., of Claremont, and Mary Ellen Moore, of the former place.

THE
MEDICAL AND SURGICAL REPORTER.

No. 719.] PHILADELPHIA, DECEMBER 10, 1870. [Vol. XXIII.—No 24

Original Department.

Lectures.

CLINICAL LECTURES ON THE SURGICAL DISEASES OF CHILDREN.*

LECTURE III.

Translated by S. J. Radcliffe, M. D.,
of Washington, D. C.

MALFORMATIONS OF THE SUPERIOR EXTREMITIES.

Gentlemen:—You have seen in the St. Como Ward, a child, some days old, that may be regarded as a real pathological curiosity. The superior extremities of that little boy, arrested in their development, present a singular formation, and pertain to the class of monstrosities described under the name of ectromeles. Examples of this kind are not as rare as you may think, and are not only of scientific interest. In your practice, in fact, you will sometimes be appealed to, to give your advice with a view to decide if there is occasion to correct, or to palliate the deformity; and, if the child, becoming of age, will be able to provide necessary sustenance for itself.

Malformations, of the superior extremities, have been described and classified by Isidore Geoffroy St. Hilaire, in his book, *Anomalies of Organization*, a book in which he presents the principal rules of teratology, or the science of monstrosities.

That eminent naturalist has collected in his work all the facts that the archives of the science contained at that time. His classification, when it appeared, constituted a real progress. To-day, it is inefficient, for the profound study of embryology has shown us that his point of departure was absolutely erroneous.

Isidore Geoffroy St. Hilaire started from this principal hypothesis: that the embryo, before it reached its complete development, passed through a series of transformations—representing successively the different rounds of the animal series, from the most simple organization (zoophite, annelida, etc.,) up to the most perfect (vertebrata); and he concluded, that the arrest of development, which affected the child, at a certain phase of its evolution, stamped on it permanently, the form of the animal corresponding to that epoch of fœtal life, and the form which it also preserved at birth.

To that etiology, so little founded, he adds one more error; he thinks that the different parts are developed from two points proceeding from the circumference to the centre. From their union arises such and such organs.

If that theory explains, in a certain measure, congenital deformities, as hare-lip, we must acknowledge it does not give the key to all malformations. Besides, Isidore Geoffroy Saint Hilaire completely neglected the morbid element, which is too important not to be taken into serious consideration. M. Cruveilhier, later, directed his researches in that direction. He demonstrated that an accidental pathological cause may intervene, and exercise an influence, more or less marked. Examples are often arising to justify that view of the subject by following these investigations, which have permitted him to collect a series of examples in the human species, beyond doubt the influence of that cause. And Montgomery, (of London), has proven that always when there is complete or partial absence of the superior or inferior extremities, or of a part of the trunk, it is

*Clinical Lectures on the Surgical Diseases of Children, by M. J. Geraldes, Surgeon to the Hospital for sick children, etc., etc., Paris, 1869.

because the amniotic attachments, or the umbilical cord has exercised on the members a constriction sufficiently powerful to completely separate the parts. There will then be a true amputation within the bosom of the uterus. That which gives to that opinion a character of probability, very nearly approaching to certainty, is that there has been found at birth segments of members totally separa- from the trunk, or only attached by a short pedicle.

Isid. G. Saint Hilaire was obliged to accept such observations as were related by their authors, more or less worthy of confidence, who were nearly always lovers of the marvelous, where their imaginations found a large field to work. It was difficult for him to make in these recitals part of them true, and part exaggeration, or error. Besides, had he succeeded, his work still remained imperfect. The valuable instructions derived from pathological anatomy, and embryogony were discarded by him, and it is for this reason that his work is to be recommended.

But, laying aside, gentlemen, the general question, we will approach the special object of this lecture, the *ectromeles*.

They are divided into three species: the phocomeles, the hemimeles, and the ectromeles, properly speaking.

The name of phocomele has been given to certain monsters, by reason of their analogy, more or less distant, to the seal. There are individuals among whom the superior extremities are entirely rudimentary, composed, however, of normal elements. One of the most remarkable examples was that of a man named Mario Catazzo, who exhibited himself in the public places. His hands and feet were appended to the trunk by a very short attachment. The superior members were as symmetrical as in the normal state, consisting of an arm, and a forearm, but the segments were reduced to the lowest proportions. That man having died, Dumiril had occasion to dissect his body; he publishes his observations in the *Bulletin de la Société Philomathique*, and deposited his skeleton in the College of Medicine.

The phocomeles may be imcomplete, or complete. In the first case the forearm alone is defective; in the second, the hand only remains.

The hemimele is characterized by the existence of a simple stump.

In the ectromele, properly speaking, the superior extremity may be totally wanting. We would imagine that such a deformity entails on the person who is thus afflicted, an absolute impotence to perform work of the most ordinary kind. Nevertheless it is not so. Every one knows the history of a famous ectromele, Cæsar Ducornet, born without arms. Of the superior extremities, he only possessed one humeral head of medium size, which was concealed under the skin of the axillary stump. To make amends, with that man, the feet acquired, (the result of long usage,) an astonishing suppleness, and the toes supplied the place of the fingers with admirable perfection. Ducornet also followed for a long time, and with some success, the profession of painter. It seemed not to be that he should die without posterity, for at the time that he lived, a woman who was employed in artist's studios in the character of a model, brought into the world a hemimele. C. Ducornet was probably not a stranger to its birth. Its habits, and above all the resemblance which this monster child bore to him, pleaded in favor of this supposition.

In the ectromele in our service, we have established the following characters: 1st. Of the arm, a humerus nearly natural, with the exception of its inferior extremity. 2nd. Of the forearm, only one bone, the ulna, with which is articulated a portion of the wrist. 3d. Of the hand, only one finger, the little finger. We have here, in this case we believe, the internal half of the forearm, that is to say, the ulna, and the little finger, although it may not be possible to recognize the olecranon. But the bone in its entire aspect presents all the anatomical characters of the cubitus. The little finger possesses sufficiently extended mobility; the articulation of the elbow on the contrary, has only very limited movements; and by reason of that inextensible anchylosis the forearm is flexed on the arm, and carried slightly outward so that the little finger is always in the neighborhood of the ear.

In cases of this description the radius is absent, as well as the parts that it supports.

Independently of the absence of such and such portions of the arm, we observe besides, other vices of conformation, which are exhibited in the last segment of the member—the hand. Example: in the coalescence of the fingers, syndactylus, due to intimate union of two, three fingers, etc., with the nails perfectly

distinct, placed by the side of the other fingers separated normally, we observe that the malformed fingers are commonly atrophied.

Syndactylus is either complete or incomplete. In the last condition there is a true palmature (duck foot, elephant foot). The fingers may have one, or several phalanges less, destroyed by an intra-uterine amputation, according to the mechanism I have indicated above.

At other times there is bifidity of the hands. I had here, in this hospital, three years ago, a child of the Boulevard Montparnasse with a malformation of this character. When I was prosector I injected and dissected two similar specimens, which you may see in the museum in the amphitheater of the hospital. Finally, this year you were permitted to see in the St. Como ward, a young boy whose hands presented only four fingers, the middle one being defective, the hand seeming to be double.

There is finally the polydactyle. The most ancient authors, among them Pliny, have cited examples of them. In 1864, I operated in the St. Paul ward on a child whose hands united in one. Each hand was composed of only four fingers, the thumb being absent. That little girl had thus eight fingers on the same stump. If I had known at the time of the report of an analogous case published in the English collection, the Medico-chirurgical Transactions, vol. xlvi. 1863, I should not have interfered, for the muscles and tendons were so disposed as to permit the two hands to close on one another, and enable them to complete perfectly their habitual functions.

We encounter often six fingers on the same hand. Then one of the metacarpi, more voluminous than ordinary, gives rise to two phalanges as among the solipeds; or, again, two metacarpi exist, each one supporting a finger. It may again happen that the supplemental fingers may be attached to the hand by a cutaneous pedicle, without the discovery afterwards, by the greatest pains, of the least corresponding osseous rudiment. Last year I operated on a child afflicted with this variety of polydactyle, by strangling the pedicle by means of a thread. This constriction is preferable to simple section, which is capable of causing accidents, the finger containing sometimes sufficiently large-sized arteries to produce them.

When there is complete coalescence it will be necessary to interfere. The separation of the fingers is only exceptionally accompanied by complications.

With regard to our ectromele, I have maturely reflected on the consequences of an operation, and I think that actually there is nothing to fear. The superior member is folded together as the wing of a bird, with some tendency to cross behind. If that tendency increases with age, we will amputate the forearm and substitute for it an artificial arm with advantage. But we will not gain the least benefit by section of the hand, nor from straightening the forearm, because articulation does not exist at the elbow joints.

In recapitulation, you will see, gentlemen, that it is difficult to form precise rules for operating even in parallel cases, so numerous are the indications that may arise. In analogous conditions you will base your determination for action by taking for your guide the interests of the patient, which it is your duty never to lose sight of when you decide upon a surgical operation.

Communications.

ON THE USE OF CALOMEL IN LARGE DOSES IN THE TREATMENT OF DYSENTERY AND DIARRHŒA.

By J. F. Kennedy, M. D.,

Of Des Moines, Iowa.

I know that, in advocating large doses of so unpopular a remedy as calomel has grown to be, I shall lay myself open to criticism, especially as I do not expect to be able to prove the *rationale* of its action. The generally received opinion is that "calomel increases the secretion of bile." Recent researches, however, seem to prove this opinion to be incorrect. Thudichum goes so far even as to say that "calomel is *not* a cholagogue, but *diminishes* the secretion of bile."

I do not indulge the hope, nor will I even make the effort, to set at rest the conflicting opinions relative to the cholagogue properties of this drug, but will only give my own experience in regard to its sedative and diaphoretic effects when exhibited in large doses in the treatment of acute dysentery and diarrhœa.

The few cases here presented occurred in

my practice at Tipton, in this State. The city is located on a high, rolling prairie, eight miles from the Cedar River, and is remarkably free from malarial poison. The cases were endemic and of the sthenic type.

CASE I. In the fall of 1867 I was called to see Rev. Mr. R., aged 38, native of Pennsylvania. He was laboring under a severe attack of acute dysentery. Treated him until the sixth day with the most approved and popular remedies, but with no improvement in his symptoms. On the sixth day the pulse was 120 and wiry; tongue furred and dry; abdomen very tender, especially over the colon; very restless, and having frequent bloody discharges attended with bloody tormina. In fact I thought the prognosis very unfavorable. Gave him at 7 P. M. calomel grs. xxiv. at one dose. About midnight was summoned to see the patient as he was thought to be dying. What was my surprise and gratification to find him bathed in perspiration with tongue moist; pulse 65, full and soft; tenderness of abdomen greatly reduced; not having an evacuation from the bowels; and saying he felt so easy and free from pain that his wife feared mortification of his bowels had occurred. He had gone to sleep about an hour after taking the dose, and had slept quietly until awakened by his alarmed friends. About 7 A. M. of the day following he had *one feculent* discharge, and from that time convalesced rapidly, nothing further being administered except castor oil and vegetable tonics. This was the first time I had ever administered a "sedative" dose of calomel and the results were highly gratifying.

CASES II AND III. Jacob and Samuel M., æt. 37 and 28 years, brothers—natives of Ohio. Both taken at the same time with severe acute dysentery. Gave them a free dose of castor oil with a few drops of laudanum. Gave them subsequently ipecac., small doses of calomel, camphor, opium, and oleaginous compounds until the fifth day, when they were no better. Gave them scruple doses of calomel at bed-time, and on my return next day, found Samuel convalescing and Jacob much relieved. Gave the latter another xx gr. dose at bed-time, and the next day treatment was discontinued. Both convalesced rapidly and made a complete recovery. In these cases, the sedative, diaphoretic and quieting effects were observed as in the first case.

CASE IV. A medical friend, of large experience, consulted me in reference to his son, six years of age. He had acute diarrhœa of six or eight days' duration. Had given him all the combinations that a large experience, good judgment, and a father's devotion could suggest—including enemata, counter-irritants, etc. The child seemed rapidly growing worse, and as all that I felt disposed to recommend had already been used in vain, I suggested calomel grs. x. to be given at one dose at bed-time, to be followed by a small dose of castor oil the following morning. A rapid recovery was the result.

CASE V.—E. F. K., male, æt. 3 yrs.; acute diarrhœa, with frequent vomiting. After using other remedies in vain for three days, the vomiting and diarrhœa ceased upon the administration of calomel, grs. viii. at one dose.

I might here give in detail quite a number of other cases, in which the calomel when administered in large doses did good service—all recovering rapidly except one child of three years of age, that died within 12 hours after giving this drug—not because it was given, but in spite of it.

I have not used, nor do I reccommend its use indiscriminately. I have found camphor, ipecac., hyd. c. creta, and oleaginous mixtures; a combination of glycerine, nux vomica and carbolic acid; hyoscyamus, and counter-irritants and enemata generally have the desired effect; but in those cases where these seemed inert, and where a sedative was indicated, I have used the calomel with the greatest satisfaction.

The remedy is not a new one, nor the dose, though it has become very unfashionable in these days of small doses and large "expectancy." It, therefore, requires considerable moral courage to use it or advocate its use, especially in some localities.

MEIGS & PEPPER, in their recent excellent "Treatise on Diseases of Children," recommend it for its "sedative and alterative" properties as a *purgative* in meningitis and in the treatment of convulsions; they say, "The best purgative, in severe cases, occurring in hearty children, is calomel. It is advantageous, because of its easy administration, its speedy operation and the *powerful sedative influence* which it exerts upon the whole economy."

Though they disparage small doses of calomel in dysentery and diarrhœa, yet the infer-

ence is natural, that because of its "powerful sedative influence" it is admirably adapted to the inflammatory stage of these diseases when exhibited in large doses.

One thing particularly observable in the above cases was, that while it was decidedly sedative and diaphoretic, it was not purgative. Indeed, in every case the frequency of the evacuation was greatly diminished immediately after its administration.

Others have observed the same peculiarity. I might here insert a number of extracts from the written experience of medical observers, whose opinions are entitled to great respect, touching the comparative value of large over small doses of calomel in the treatment of these cases. If any are skeptical on this point let them give the remedy a fair and impartial trial. I firmly believe the result will be in accordance with the views above expressed.

A CASE OF PUERPERAL CONVULSIONS—FORCED DELIVERY—PNEUMONIA—RECOVERY.

By Ralph S. Goodwin, M. D.,

Of Thomaston, Ct.

On the 24th of January, 1869, I was called in urgent haste to see Mrs. N., aged 18, a primipara who was then in the eighth month of her pregnancy. The messenger said that she had been suddenly taken *in a fit*.

Upon my arrival I found her in a violent puerperal convulsion, the face turned toward the left shoulder, and horribly distorted, frothing at the mouth, jerking the limbs, etc.

She had been as well as usual up to the time of the attack. She being plethoric, I drew from her arm, at once, two quarts of blood. I then, with some difficulty, made her swallow half a drachm of the bromide of potassium. Another convulsive seizure having occurred soon, I began to administer, by inhalation, chloroform until I had brought her thoroughly under the influence of it. Upon desisting from its use, violent convulsions returned every half hour or oftener, giving way, after three or four minutes, to a state of repose and entire unconsciousness.

Upon examination of the womb, I could detect no signs of impending labor. There were no contractions to be felt through the abdominal walls. The os was not dilated. The woman exhibited no signs of pain. I continued to administer bromide of potassium in 30 grain doses every hour, used the chloroform freely at intervals, and gave a large stimulating injection which evacuated the bowels. But these measures were unavailing. The convulsions increased rather than diminished in violence and frequency.

After a perseverance of twelve hours with the same treatment, occasionally increasing the size and frequency of the dose, I found I had given one ounce of the bromide, and four ounces of chloroform.

Still the convulsions continued with frightful severity, and still no signs of approaching labor.

My patient's strength was going fast, and I decided that my only chance of saving her now, was by forcibly emptying the womb of its contents.

I had noticed that, although the os was not appreciably dilated, yet it was not in that rigid, unyielding state, so common to primiparæ.

Intrusting the exhibition of chloroform to an assistant, I gradually introduced my hand into the vagina, and introducing my fingers, one after another within the os, stretched it by separating them and forcing them slowly on. I succeeded after prolonged and persistent efforts, in passing the whole hand into the womb.

The rest was easy. Pushing the hand up to the fundus, I grasped the child's feet, and brought them down, and without further trouble, delivered a dead child which weighed six and a-half pounds.

During this operation of version, the woman had two convulsions, which interfered for the time with the operation, but no contractions of the womb were observed.

After delivery, there was very little hemorrhage, but fearing inertia of the womb and its attendant flooding, I gave three full doses of ergot at intervals of half an hour.

No more convulsions having occurred, I left the case till the next morning, directing twenty grains of bromide of potash to be given every four hours.

January 25th.—Two slight convulsions have occurred since delivery. The woman is still unconscious and muttering incoherently. By the use of the catheter a quart of smoky urine is drawn from the bladder. Examination

shows the urine is loaded with albumen,—ordered the bromide to be given once in six hours.

January 26th.—No more convulsions; no hemorrhage from womb; patient looks about vacantly and tries to talk a little, but her mind is very weak. There are unmistakable signs of the first stage of pneumonia; crepitation over left lung; troublesome cough; pathognomonic expectoration; pulse 120. The treatment of the case is now directed to the pneumonia.

January 27th. No more convulsions; left lung solidified; right lung not affected; albumen still present in the urine; mind improving.

The subsequent history of this case presents no further points of interest. She passed regularly through the different stages of her pneumonia without sinking; the albumen disappeared slowly from the urine; the mind became stronger by degrees, and complete recovery took place at the expiration of 25 days.

The points of interest illustrated by this case are

1st. Forced delivery is not unfrequently the only remedy for puerperal convulsions.

2d. Delivery may be undertaken, after the seventh month, without danger, when the os is dilatable, even if there be no signs of labor.

3d. Pneumonia, caused possibly by a poisoned state of the blood, may be a complication of puerperal convulsions, though not always a fatal one.

DYSMENORRHŒA.

By F. K. Bailey, M. D.,

Of Knoxville, Tenn.

There are few disorders more universal, and at the same time endured more in silence, than painful menstruation. Occurring in early female life, there is an innate indisposition to complain except to the mother or other intimate friend. The normal status in menstruation seems to imply more or less malaise, and there is every gradation of departure from absolute anæsthesia, the slightest uneasiness being one extreme, and distress most excrutiating the other. So long has woman suffered from the cause just mentioned, that, like the pangs of labor, it has become a matter of common expectation, and remedies suggested by domestic experience, are in a great proportion of cases the only ones used.

It seems almost like an act of inexcusable presumption for a man of ordinary pretentions to venture even a word in addition to the literature of dysmenorrhæa, after reading the exhaustive treatises of some of the late writers upon the subject.

The object of this article is merely to add a word to the therapeutics of so interesting an affection, rendered such because it involves the discomfort of the the sex for whose happiness common politeness dictates our regard, and medical science our most untiring efforts.

In this locality, dysmenorrhæa may be considered an endemic. The varieties most commonly met with are the "neuralgic" and "congestive," as defined by Prof. T. Gaillard Thomas. The first, because neuralgia is apt to occur upon every departure from a normal condition, and consequently at each recurring menstrual period there is an excuse for its obtrusion.

The second, by reason of the relaxing influence of continuous heat in the warm season, attended with dampness at night, and cool winds from the adjacent mountains. The prevalent dampness of our mild winters, renders one liable to beeome chilled, and undue exposure at the menstrual period, will induce uterine disturbance.

The ammoniated tinct. guiac. has been my most common prescription in ordinary cases, where the morbid condition appeared to be functional, but if attended with congestion, and an approach to hypertrophy of the uterine parietes, iod. potassium has been productive of good effects.

In cases attended with a profusion of the secretion, and followed by leucorrhea, indicating a turgescence of the mucous surface, the bromide of potassium is found to allay pain, and may be given in connection with other remedies which are indicated in each case.

When there is constipation (and this is seldom an exception among females now-a-days), the pil. rhei compos. taken in moderate doses for a few nights before the expected time, acts favorably by relieving portal congestion, and obviating excessive determination both vascular and nervous, to the pelvic organs.

Still, most medication in such conditions can only be considered as palliative, and the sufferer is generally satisfied with a remedy which will afford temporary relief. A radical cure of the habit, or tendency to pain at the

period is not generally expected. Confining ourselves to a palliation of distress "at such times," is like treating an intermittent only during a "paroxysm," without the attention being directed to the interval.

The great source of error, and consequent disappointment in efforts to treat the affection under consideration, is the regarding dysmenorrhœa as a distinct disease, whereas, in the language of Professor THOMAS, "it should be viewed as a symptom of an abnormal condition which should, if possible, be discovered and removed."

Its occurrence under varying circumstances shows this to be the only correct view. In a case coming under my observation during the present year, the patient was a woman who had arrived at an age when the menstrual function generally ceases. For a year or more, the menses had been irregular in their recurrence, and when appearing attended with excessive flow and very severe pain commencing a day or two previous.

Such was the local determination to the uterus at those periods, that the distress was only comparable to labor, in intensity.

I was called in at one time and found her laboring under a paroxysm of excruciating pain in the region of the left ureter, which was only relieved on voiding a quantity of renal calculi. Very soon the pain came on in the uterine region, succeeded by a menorrhagic flow.

On one occasion I prescribed a mixture of chloroform, fluid ext. ergot, tinc. opii camphoratæ with good effects, as a palliation, but t was only after the use of iod. potassium with iod. iron, continued for some time, that the health became materially improved.

I received some months since a pamphlet from Dr. STILES KENNEDY, of Newark, Del., in which he calls attention to the effects of iodoform, both uncombined and in connection with iron. Dr. K. considers it "alterative, nervine, sorbifacient, anti-periodic, and anæsthetic." I have used it in but two cases as yet. The first case was that of a young lady who was a sufferer at the menstrual period from neuralgia, attended by a deficient amount of secretion for the first twenty-four hours. Such was the distress, that each recurring time was anticipated with great dread. The general health being uniformly good, no measures had ever been adopted excepting palliation.

During the last spring she had an attack of what is termed here, bilious fever, from which recovery was slow. There was general debility, want of appetite, and insomnia. Not being able to obtain the pil. iodoform cum ferri. I took a drachm of iodoform, made sixty pills, and gave one before each meal, with fifteen drops liq. ferri. iod.

Since commencing the above remedies, there have passed three periods, with almost entire freedom from pain, and a free secretion from the first hour. The general health is also very much improved. Less than two drachms have been taken, but its use is still continued. The iron was discontinued after the general health improved, as its use was not deemed essential.

I have given the pil. iodoform et ferri to another individual, who, from the first establishment of the menstrual function, had been a sufferer from dysmenorrhœa. In this case, the next period after commencing the remedy, much less suffering was experienced.

The second, was attended with considerable pain for a few hours, and, on the whole, there seems to be some improvement. It is intended to give the medicine a fair trial, before deciding fully as to its merits.

The pathological conditions in which iodoform is particularly indicated, are the neuralgic, and perhaps, passively, congestion.

In this locality, *neuralgia* may be considered endemic. There is a tendency to it in every organ to which there may incidentally be any determination of morbid influence.

There are many cases attended with partial amenorrhœa, where the distress will be very great.

A few months' irregularity induces congestion, and perhaps, inflammation; or, is succeeded by menorrhagia in those of full habit, and leucorrhœa in the anæmic. It is hoped that those who may have prescribed iodoform in dysmenorrhœa or any form of disease, will report the result of their observations.

November 15, 1870.

Homicide by an Insane Woman.

Another terrible case of murder of one of her children, by an insane mother, in New York, is reported in the papers of that city. Though she was known to be subject to attacks of insanity, she was allowed to be at large. The opportune entrance of a brother saved the lives of her two other children. A "*lettre de cachet*" was issued after the mischief was done, and the much to be pitied mother was transferred to a hospital, to which, if she had been taken earlier, and placed under treatment, she might have recovered, and the life of her child been saved.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Wednesday, Nov. 23d, 1870.

Surgical Service of John H. Brinton, M. D.,
One of the Surgeons to the Philadelphia Hospital—
Lecturer on Operative Surgery in the
Jefferson Medical College, etc.
(reported, with notes, etc., by Ralph M. Townsend, M. D.)

Gentlemen:—In commencing my term of Clinical service this morning, I experience some difficulty in selecting from the wealth of Surgical material now in my wards.

I must therefore aim, as far as possible, to bring my cases before you in groups, and I shall endeavor to indicate to you, not only the treatment to be pursued, but I shall also bring honestly to your notice the results attained in individual cases:

The first case is one of

Gangrenous Ulcer of the Leg.

This man is an old acquaintance, familiar to those of you who attended my clinic some two months ago.

He then suffered from a sloughing ulcer of great magnitude, involving nearly the entire front of the leg, and of the dorsum of the foot. The trouble was, undoubtedly, of venereal origin. I almost despaired of healing this extensive, burrowing sore, and the question of amputation presented itself strongly to my mind. But the man's constitution seemed fair, and I determined to resort to brominization, or the application of bromine to the ulcer, according to the method so strongly recommended by Dr. Goldsmith, formerly of the army. The preparation I used was the following:

℞. Bromine, f.℥j.
Aquæ, f.℥ij.
Potassii Bromidii, gr. xxx. M.

And apply to the surface with a small sponge. The potash is added, to render the solution of the bromine more perfect.

I rarely have occasion to employ it more than once on the same patient.

Frequently, I use the bromine pure. The effect of this agent, thus applied upon sloughing or phagedænic sores, is wonderful, and I have resorted to it in a vast number of instances. In this case, you see the result in a speedy, satisfactory, and almost unhoped-for cure. The man can now be discharged from the Hospital.

My colleague, Dr. Allen, also uses bromine locally, and I believe both of us learned its value in the same school of military experience.

Chancre.

The next patient, a negro from Tennessee, has been unfortunate; as a result of impure connection he has contracted chancre, probably soft at first, but now indurated from effusion at its base. This sore has only been unveiled for two or three days, the inflammation consequent upon its inception having produced phymosis which could not be reduced until a short time back. For touching the sore, I prefer either the nitric acid, the acid nitrate of mercury, or bromine. I resort to the latter remedy in cases where I desire extreme action, as in phagedena. In this case, with a little wooden spatula, I will apply pure nitric acid. In every-day practice I employ a match, the end of which I have bitten to something of a brush-like consistency; I touch the sore, as you see, thoroughly, and then apply to it lint wetted in oil and lime-water. When the sore has existed more than a very few days, I also put the patient upon constitutional treatment, argument and theory to the contrary. Now, in connection with this case, I introduce a patient, the nature of whose treatment is debatable. This man came into my ward two weeks ago, suffering from

Concealed Chancre and Phymosis.

All attempts to reduce the latter condition and expose the glans penis have failed. The prepuce is indurated and swollen, and cannot be withdrawn. In order then to reach the chancre, I must slit up the foreskin; but this calls the disputed point before us, as by such procedure the man may be subjected to auto-inoculation. The rule of treatment is to reduce the inflammation first, and then treat the chancre. But this seems to me to be one of the exceptional cases. I shall, therefore, slit up the prepuce and neutralize any chancres that I may find, with acid.

[The operation consisted in introducing a grooved director underneath the foreskin, care being taken not to introduce it into the urinary meatus. One blade of the scissors was then guided along the groove of the director, and the foreskin slit up. The resulting retraction showed the skin divided; the mucous layer of the foreskin incised to a less extent, still clasping the glans penis. After division of this mucous surface, the parts were readily retracted, and the head of the penis exposed. There was extensive ulceration of the inner preputial surface, and several chancres occupied the glans. Dr. B. trimmed away much of the indurated foreskin before tacking together the retracted layers of skin and mucous membrane. For sutures he used fine Florence silk, and did not draw them tight, but allowed for the resulting swelling. To this he directed particular attention, not only in operations upon the penis, but in all procedures of a plastic nature. The chancres were touched with nitric acid, the penis placed in an elevated position, the parts ordered to be covered with a tepid weak solution of laudanum, and the patient put to bed.—R. M. T.]

Sinuses Resulting from Bubo.

Two weeks ago this girl, aged 18, had a bubo opened, but the incision quickly contracted, and the discharges manifested a tendency to burrow. Now, this is a common occurrence. Such sinuses have indurated boundaries are frequently lined by

pyogenic membrane, and are not readily ameanble to treatment.

We can best deal with them by slitting them up, and then packing their cavities with stimulant contents; or, if from any reason, operation be objected to, we may employ pressure, as by Ricord's pad; or, pressure combined with heat, as that produced by placing a warm brick on the groin.

Here is another woman laboring under a similar difficulty. In this case the sinus passes over Poupart's ligament, and the exposure of the cutaneous nerves, is productive of great pain. An incision will relieve this tension and irritability.

[In both these women the sinuses were slit up, the first by a conicial and the second by a T shaped incision. Lint dipped in aromatic wine, as being both cleansing and stimulant, was laid in the incision. The operator remarked that air let into a wound was a good stimulant and promoter of granulation.—R. M. T.]

An Ulcer Involving the Lower Tarsal Cartilage.

This man contracted venereal disease five years ago, and has developed some of the sequelæ of that affection; among others occasional attacks of inflammation of the ball of the eye. We will touch this ulcer with the stick nitrate of silver and then neutralize any excess of the caustic by washing the part with a strong solution of common salt. We will also put this man upon constitutional treatment.

Hemorrhoids.

The final and closing case of my hour, will be one of hemorrhoids, or piles, as they are usually called. The term hemorrhoid is derived from two Greek words, signifying a flow of blood, and hence you would suppose that all piles bleed. But such is not the case, for there are two varieties of piles—internal and external piles. The former, covered by a thin mucous membrane, are situated above the sphincter, and bleed; hence they were called by the older surgeons, open piles—homorrhoids apertæ. The latter, external piles, are formed below the external sphincter, are covered by skin and mucous membrane, and do not bleed. These were called blind piles—hemorrhoides cæcæ. A pile at its commencement is a varicose vein; when this dilation takes place above the sphincter, it is an internal, when below, an external pile. In external piles, the vein usually becomes solidified, its vascular cavity obliterated, and its wall surrounded with fibrous tissue. In its perfectly developed state, it is more a tumor than a varicosity, but yet it is a varicosity in its commencement. Now, why are we cursed with piles. Look at these diagrams of the vascular supply of the rectum. In the upper part of the rectum, the arteries and veins run transversely; in the lower portion, longitudinally, and the veins terminate in loops at the margin of the anus. It is the gradual dilatation of these loops, that give rise to piles. The arteries of the rectum are the superior hemorrhoidal from the inferior mesenteric; the middle hemorrhoidal from the internal iliac, and the inferior hemorrhoidal from the internal pudic. The veins bear the same name as the arteries.

The inferior mesenteric vein returns the blood from the rectum, as do branches of the internal iliac veins, and thus is established a communication between the portal and general venous system. As the portal veins are destitute of valves, and the inferior mesenteric returns the bulk of venous blood from the rectum, it follows that its branches have to sustain the weight of a considerable column of blood, and hence their frequent varicose condition.

This tendency to engorgement of these veins is also materially influenced by sedentary habits, constipation, fecal pressure, straining in defacation and other causes. Even national characteristics come into play. That truly British custom of toasting the buttocks at a bright coal fire, while reading the morning paper (you see many such pictures in *Punch*,) may have its influence; and with ourselves, what has not the American chair, with its bright enameled leather cover, checking all transpiration, to answer for? I advise you always to prefer cane-seated chairs.

I have not time now to speak of all of the symptoms of piles; of the burning heat, pain and tenesmus of external piles, and of the bleedings of internal piles; but I would for one moment allude to that most distressing and intolerable accompaniment of piles, viz.: pruritus ani or itching. In some cases this itching, which is apt to be aggravated at night, is almost unbearable. To check this pruritus, nearly every remedial agent has been resorted to—opiate, caustic, astringent, ointments of belladonna, opium, stramonium, krameria, calomel, lead, zinc, and I know not what. Hydrocyanic solutions sometimes mitigate this itching, but great care must be exercised in their application.

Quite recently Dr. Lebel, of Paris, has drawn the attention of the profession to a drug (not new, for it was known as an anthelmintic at the time of Hoffman), which he claims exercises a specific influence on hemorrhoids, relieving their pain, irritability, and especially the pruritus. This preparation is the powdered leaf of the wild germandra, a plant of southern Europe—the *Teucrium scordium*. So highly have the virtues of this plant been extolled that I have been led to prescribe it in various cases, and I know of a number of other instances of its exhibition at the hands of my friends. My own experience is greatly in its favor, for in the limited number of cases in which I have exhibited it, it did seem to possess the power of soothing, in a marked degree, the distressing pruritus of which I have spoken. I give the powder in doses of from fifteen to twenty grains three times a day in water—a more

elegant preparation would be a fluid extract. I shall try it still further and let you know the result.

The external pile upon this patient I shall remove. I can do it either by the knife or with the écraseur. I shall use the latter. As a rule, remember that external piles must be either incised or excised. We do not ligate them as we do internal piles. Why we do not I shall explain to you more fully when I come to speak of the internal piles, and of the distribution of the nerves at the margin of the anus.

[Operation performed.—T.]

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

October 17, 1870.

(REPORTED BY J. W. HADLOCK, M. D.)

Death from Chloroform.

Dr. W. W. DAWSON reported a case under his charge at the Cincinnati Hospital, of death from chloroform.

Bridget Henry, æt. 30 years; housewife. Had hæmatodes of the foot, and after a consultation Dr. W. proceeded to remove the foot by Syme's operation. Just as the foot was removed the alarm was sounded, the respiration had ceased. All of the usual means of resuscitaton were resorted to without avail. About 75 minims of chloroform were used in all. Autopsy showed fatty degeneration of the heart.

Dr. Dawson then remarked upon the general good condition of the patient at the time of operation. There was no irregularity of the pulse. Her previous history disclosed a rather irregular life, and she stated that she had once had dropsy.

Dr. D. further remarked upon the severity of her suffering, and the justification of the operation, and spoke of the comparative ease with which she passed under the influence of chloroform, and of its mode of administration, stating that it was not more than three minutes before danger was proclaimed. The death was sudden; there was no stertor nor gasping. The cessation, as noticed by the resident physician administering the drug, was sudden and complete. From these facts he regarded it as a death by paralysis of the heart.

Dr. D. then spoke, in detail, of the various alleged causes of death, and reports three other cases as having occured in this city.

The first was a lady in the office of Drs. MEREDITH and SEXTON, Dentists. This occurred in 1848.

The second occurred in the practice of Dr. KRAUSE, an oculist of this city, in 1860.

The third in the Cincinnati Hospital, in a patient of Dr. T. WOOD, being operated on for fistula in ano.

The present, the fourth, is the fourth in Cincinnati since 1848, the period of its (chloroform) introduction here.

Dr. D. further mentions the details of some five or six other unpublished cases in this vicinity made known to him, and concludes with expressions of the profound sorrow which the unfortunate operator experiences in all such cases.

Dr. LUDLOW reports an additional death as having occurred in the hands of Dr. Blackman at the Cincinnati Hospital, in a case of abscess of the thigh. Chloroform was given in a sponge.

Dr. CARSON considered this patient (Dr. Dawson's) as having been in a vulnerable condition from the great amount of pure fat everywhere, and from the extent of the local fatty degeneration, and speaks further of the fluidity of the blood as indicative of nervous depression.

Dr. MUSCROFT advocates the practice of administering food previous to the inhalation of chloroform, as the system is better fortified; even if vomiting ensues the danger is not so great.

At a subsequent meeting of the Academy (Oct. 24th, 1870) the discussion on chloroform was continued.

Dr. THORNTON spoke of the melancholy character of a death by chloroform, not only from the loss of life, but from the danger to the reputation of a valuable remedy. The great physician is he who carefully selects his cases. The speaker was surprised to hear that gentlemen did not think it necessary to examine cases thoroughly before administering chloroform.

He thinks it now a settled fact that death occurs either from the heart or lungs, and a careful analysis of their condition would often preclude an accident. A quotation from Sansom was cited to this effect.

Dr. STUART, of Fayette county, Ohio, was here introduced by Dr. Dawson. He reported the case of Mrs. Garrus, to whom chloroform was administered in a dentist's office by Dr. Wilson.

She had frequently taken chloroform in labor when attended by Dr. Stuart, and always with safety. On this occasion she was not brought under the full influence of the drug. After the extraction of the tooth her head fell to one side, the pulse became rapid, small and quick, and the breathing stertorous. She was immediately removed to a sofa, where, in spite of all the usual efforts at reanimation, death speedily ensued.

Dr. Stuart also reports the case of a boy whose arm was mutilated by machinery. At first on account of the evident collapse of the patient, he refused to administer chloroform. Having employed

a few drops carefully, and ascertained that the pulse gained in force and tone, he proceeded to full anæsthesia, and the amputation of the arm was successfuliy performed.

Dr. C. O. WRIGHT spoke of the interval which elapsed between the administration of the chloroform and death in the case of Dr. Wood. Dr. W. made some remarks upon the vitiated atmosphere of hospital amphitheatres, a circumstance apparently neglected in this discussion. In army practice, where the drug was mostly given in the open air, and often recklessly administered, no case of death, to his knowledge, had been reported.

Dr. GOBRECHT denied that it was administered in the service without due precaution. In this he was corroborated by Dr. CONNER, who said that there are at least eight cases of death on record at the office of the Surgeon-General. Dr. C. further spoke of the increased liability to death from habits of intemperance; probably from fatty degeneration of the heart.

Dr. UNZIKER spoke of the impurity of the chloroform used as, perhaps, a frequent cause of death. He stated that Squibbs' was the best.

Dr. DAWSON stated that Squibb himself lost a case a few days ago with his own preparation.

Dr. GOBRECHT spoke of some experiments having been made by Dr. BOYNTON in a scientific lecture. It was there shown that ether contains oxygen as one of its ingredients; when decomposed in the blood this would be eliminated. Chloroform was considered more dangerous as containing no oxygen.

Dr. DAWSON spoke of the various modes of administering chloroform, and remarked that death had occurred in all. He urged the necessity of the closest attention on the part of the administrator.

Dr. MUSCROFT claimed that organic disease of the heart could not be a contraindication to the use of chloroform, as the late Dr. George Fries, who died of heart disease, was in the habit of inhaling it frequently with impunity. He would place a small quantity on the corner of a towel—insert it into the mouth and slowly inhale it—until narcosis ensued.

Dr. THORNTON claimed that we do possess valuable knowledge as to the cause of death. It is either from paralysis of the heart or suppression of respiration. Dr. T. spoke of the immunity from danger in labor cases, as explicable by the increase of the circulation pre-existent, which prevents an arrest of heart's functions. Valvular disease is not so much a contraindication as fatty degeneration, which impairs the heart's power. This condition, too, is not of very difficult recognition.

Dr. M. B. WRIGHT spoke of the various modes of death as being founded upon mere speculation. It was impossible to predict where it will prove dangerous. Dr. W. spoke of the idiosyncracies of many patients to its action, and referred to a case of puerperal eclampsia, in which its first effects were attended with dangerous manifestations, while afterward under its continued administration the convulsions entirely ceased. Dr. W. concluded by remarking, that, use all the precautions we may in administration and diagnosing our cases, occasionally we would lose patients by the administration of chloroform. It looked hard to come to this conclusion, but he recognised it as a fact, and did not hesitate to express his convictions.

Dr. DAWSON remarked upon the internal and external methods of inducing anæsthesia. The external as by ether spray is of limited application as Richardson, its inventor, admits. A few years ago, however, a surgeon in Baltimore performed ovariotomy under this means, and, as is claimed, without pain. It has been found, however, of limited range.

The statistics of death by chloroform internally are appalling. A gentleman from Chicago states that he has collected cases of death by ether, one in 23,000; by chloroform, one in 2,800, and of the mixture of the two, one in 6,000.

Richardson's statistics from eight or ten provincial hospitals, show; up to 1864, 17,000 cases exhibited without a death; from 1864, 7,500 cases and eight deaths. From all sources death averages one in 3,500 cases.

Dr. D. spoke at length respecting the various modes of its administration, remarking that it is claimed that deaths are about equal in all. As to the predispesition, which a fatty heart favors, as intimated at the last meeting, the difficulty of its recognition is shown by the fact that symptoms of the most opposite nature are alleged as characteristic of the disease; as to the immunity secured by food taken before the drug is administered, the speaker remarked that it is only the food which is already digested, which can be of use in fortifying the system. At least three hours should intervene between taking the food and administering the chloroform.

November 7, 1870.

[REPORTED BY J. W. HADLOCK, M. D.]

Injuries of the Brain—Chloral.

Dr. W. W. DAWSON reported a case of wound of the brain of a negro, in the Cincinnati Hospital. The skull was exhibited, showing the seat of injury across the squamous portion of the temporal bone. On receipt of the injury, which was inflicted with a hatchet, he was felled to the ground insensible, in which condition he remained for a considerable time. At least two ounces of brain substance was lost. For three or four days he remained conscious, then passed into a state of semi-consciousness from which he could be sufficiently aroused to give a rational

answer. The brain presented showed its loss of substance. There was very little suppuration in the cavity which is situated at the side of the base of the brain.

Death ensued on the tenth day. Some pus was found upon the surface of the right hemisphere, indicative of the extent of inflammation.

Dr. DAWSON, in referring to certain serious lesions of the brain substance, narrated the following instances. Case reported in the French *Medical Bulletin* of the destruction of the entire right anterior lobe, from two pistol shots, self-inflicted, with considerable injury to the left anterior lobe.

The patient recovered and lived seven years, with a change of disposition for the better.

Cunningham, of Sussex, England, reports a case in which the breech-pin of a pistol was pushed backward through the hemisphere and lodged on the tentorium. No suppuration ensued; the course of the wound entirely healed, and the patient lived 24 days.

The London *Lancet* reports an almost apocryphal case from an explosion in a slate quarry. A young man was struck in the frontal region, shattering and almost destroying that portion of the skull. A surgeon, called in consultation, observed the attending physician fearlessly probing the brain in every direction to the occiput. He describes the sensation as if probing a puddle. The patient recovered.

Dr. HOLSTON, formerly of this State, gives in THE MEDICAL AND SURGICAL REPORTER the case of a woman, of an irascible temper, who was thrown from a horse and dragged some distance, and at the same time kicked in the head. Several days after the accident, a number of protruding spicula were removed; an incision showed the frontal bone broken to pieces. The malar bone on the right side was also crushed in, so as to infringe upon the brain. Having removed all the remains of the frontal bone, and after incising the damaged lobe, the patient recovered consciousness for the first time. In this case there was a decided moral improvement, a pleasant agreeable disposition supplanting the irascible, wilful one possessed by the woman before the accident.

In a case narrated by Sansom, a French professor of cancer of the eye, $1\frac{1}{2}$ oz. of the anterior lobe was removed in the operation of its ablation. The patient lived, without paralysis, for eleven months.

Dr. DAWSON referred to a case of Dr. KEARNS, of Covington, Ky., soon to be published, where Dr. K. removed a tumor which occupied the entire position of the left anterior lobe of the brain. The tumor was cheesey in consistence. At no period in the history of the case, either during the existence of the tumor or after its removal was there the slightest mental disturbance.

Dr. Dawson also spoke of the cases reported by Drs. O'Callaghan, Rice and Hayman. In Dr. O'Callaghan's case the breech of a pistol remained in the head for seven years. In Dr. Rice's case there was loss of brain substance with an improved moral condition. In Dr. Hayman's case there was extensive laceration of the brain, but no loss of its substance; the patient made a complete recovery.

In conclusion, Dr. D. remarked that these cases, remarkable and striking as they are, sink into insignificance in the presence of the wonderful and well known Cavendish case—the tamping iron case, the patient of Dr. Harlow, reported in the *American Journal of Medical Sciences*, by Prof. Henry J. Bigelow.

Dr. YOUNG reported a case of loss of more than one half of the anterior left lobe of the brain from a gun-shot wound. The patient lived for fifteen days with an unimpaired mind. The mind was from time to time tested in various ways, and all the time found in good condition. For instance, he would be required to calculate the interest on a stated sum of money at different percentages of interest. His calculations were always correct up to a few hours of his death.

Dr. MILES reported a case of wound of the skull, in a negro, three inches long, above the frontal eminence; about two drachms of brain substance was lost. On the sixth day the patient resumed labor as a blacksmith, the wound having united by first intention.

Dr. HADLOCK reported a case of gun-shot wound of the forehead, which occurred in his practice in Idaho city. Both plates of the frontal bone were fractured, and a considerable part of them carried away, with the loss of an indefinite, though considerable amount, of brain substance. Even after the wound was dressed, the patient remained insensible and was carried away from the Dr.'s office in that condition.

Twenty-four hours afterward the patient walked into Dr. H.'s office, unattended and alone, paid his bill, and conversed freely and rationally of the difficulty which had led to his being wounded; recovery was complete.

There was no moral improvement in this case, as evinced by the patient killing his adversary about six months afterward.

He is still living, and is now a stage driver out West; with a large depression at the seat of injury.

Dr. C. O. WRIGHT mentioned a case occurring on the battle-field of Shiloh. By the explosion of a shell, the frontal and parietal bones of a soldier were almost destroyed; much brain substance was lost, and for weeks afterward cerebral matter continued to escape. He lived twenty-four days, twenty of which he retained his mental faculties almost intact.

Dr. THORNTON said he had had two cases of

severe injury of the brain, both of which recovered. One of the cases is interesting from the fact that the boy is still living, with complete absence of a large portion of one side of the skull. He had been severely kicked by a horse, destroying a large part of the frontal bone; spicula, which had been driven in upon the brain, was removed under chloroform; intellect still perfect.

Dr. CONNER mentioned the case of an old pensioner, in whom a loss of 2¼ by 1½ inches of bone at the junction of the sagittal and coronal sutures was now completely filled in by cicatricial tissue. No mental injury.

He had, this summer past, treated a boy whose os frontis was severely injured, by the kick of a horse, necessitating the removal of a considerable portion of the bone. Recovery is now complete.

Dr. Conner further spoke of a case he had at New Orleans, in which a large quantity of bone was removed, and the patient recovered so completely as to be enabled to resume duty. Upon his entrance into the hospital there was a paralysis of the left side which was relieved by loosening the sutures. He spoke of another case in which special point of interest was the fact that the ball split in two portions, one of which passed internal and one remained external.

Dr. LUDLOW related a case of gunshot wound in which the nearer the patient approached death the more conscious he became. Patient lived 8 days. Post mortem revealed the fact that the ball had split in two and both halves were lodged in the left ventricle. In another case a man was clubbed by thieves, a part of the frontal bone, and much brain was lost. He is still living, but is demented.

Chloral in Intermittent, and Labor.

Dr. COMEGYS has reported, heretofore, his successful use of chloral in the wards of the Cincinnati Hospital, in cases of delirium tremens, asthma, chorea, and the distressing night restlessness and cough in phthisis pulmonalis. More especially has he found it entirely successful in arresting, in a few minutes, the cold stage of intermittent, relieving usually with 20 grs. the rigor, putting the patient asleep and limiting the intensity and duration of the fever. Of course quinia is employed to cure the disease; for which he usually directs fifteen to twenty grains in anticipation of the paroxysm.

Dr. Comegys now reports also on the great value of chloral in mitigating the pangs of labor, and it is especially valuable in the distressing pains of the first stage; it simply relieves the suffering in both stages without interrupting the effective movements of the uterus. He thinks it of especial value in favoring the dilatation of the os. In this respect it is also very valuable for giving speedy relief in inevitable miscarriages.

EDITORIAL DEPARTMENT.

PERISCOPE.

Strangulation of the Uterus.

Dr. GRAILY HEWITT, Professor of Midwifery in University College, and Physician-Accoucheur at University College Hospital, has an article on this complaint in the *British Medical Journal*. He says:

"Under the term "strangulation" of the uterus, I propose to describe a pathological condition of that organ of great importance, hitherto, I believe, I will not say absolutely unrecognised, but unexplained as regards the mechanism of its occurrence, and certainly undervalued in regard to the influence which it exercises in the production of uterine suffering, and the origination of some of the most troublesome maladies to which women are subject.

It is well known that, if one of the fingers be forcibly kept in a state of extreme flexion for a few hours, the result is, that the finger becomes swollen, congested, and painful; the pressure due to this flexion impeding the circulation and producing these effects. Similarly, a bandage tied round the arm produces congestion and pain in the hand, even when the pressure is kept up for a short time only.

Now, the forcible bending of the uterus is attended with results of an analogous character. Flexion of this organ at its centre similarly interferes with the circulation in its tissues, leading to the effects now to be described under the term "strangulation" of the uterus.

Now, acute flexion of the uterus produces a result very analogous to that which would occur were a ligature applied round the uterus. If the organ be bent backward, for instance, a constriction will occur at the seat of the flexion, which will be intense and severe in proportion to the degree of the flexion. The passage of blood to and from the fundus uteri is impeded from the simple fact that the opposite sides of the blood-vessels are brought into contact, and the passage of the blood obstructed. The bending of a tube composed of non-rigid material necessarily produces more or less occlusion of that tube; and so it is with the vessels of the uterus when that organ is in a state of acute flexion.

Strangulation of the uterus is most intense when

the organ is sharply bent backward and assumes a shape like that of a chemical retort; and the strangulating effects are most marked when such flexion has been rather suddenly brought about. But it exists also, though to a less degree, when the uterus is sharply bent forward; the reason for the difference residing in the circumstance that the anatomical relations of the uterus allow a more extensive and a sharper degree of flexion backward.

I maintain, then, that a necessary result of acute flexion of the uterus is a strangulation of the organ, which will be characterized by various degrees of congestion, according to the rapidity with which the lesion is brought about, and which will be influenced by other circumstances too obvious to require special mention.

Congestion of the uterus due to strangulation, and brought about by the mechanism above described, will, and frequently does, aggravate and intensify the flexion, the two mutually increasing as the disease advances. The original cause of the flexion is various; but I do not hesitate to say that, in the numerous cases which have fallen under my notice, a mechanical pressure upon the fundus uteri from above was in almost all cases demonstrable by careful scrutiny of the history of the individual case. An accidental increase in the size of the uterus, such as is present in weakly women for some weeks after parturition, or such as is present during menstruation, or from the presence of chronic congestion of the uterus from any other cause,—under any one of these conditions, an accidental slip, or fall, or strain, or unusual exertion of any kind, will supply the determining and actual cause of the flexion. Increased size of the uterus, then, coupled with a lax, pliable condition of the organ, is, from my point of view, the predisposition; while mechanical pressure from muscular exertion of the walls of the abdomen or other mechanical agent is the exciting cause of the flexion. The flexion once produced, determines the effects which I describe under the term "strangulation."

Strangulation of the uterus is temporary or permanent, according to circumstances. The more ordinary circumstance is, that the uterus so affected is sometimes in what may be termed a condition of acute strangulation, which lasts for a certain time, but, on the patient taking rest and remaining quiet, the acute state passes off, leaving a less severe degree of congestion present. Undoubtedly, after the lapse of time, the flexed uterus becomes rather less liable to attacks of acute strangulation, if I may so express myself; but a sudden exertion of any kind may, even in cases of long standing, give rise to this degree of the affection.

An account of the symptoms of strangulation of the uterus will at the same time furnish an opportunity for explaining the relation between this condition and inflammation of the uterus.

In acute strangulation of the uterus, the patient complains of an intolerable pain in the back, which absolutely prevents motion. There may be tenderness on pressure over the hypogastric region, which is sometimes very sensitive indeed to the touch. On touching the uterus from the vagina, it is found extraordinarily sensitive; but this sensitiveness is found to be really almost limited to the displaced fundus, which can be felt behind the vagina, swollen, large, acutely sensitive to the slighest touch. The very acute cases are always cases of *retro*flexion. Occasionally pains coming and going, like small labor-pains, are observed.

And now I come to certain symptoms which are exceedingly interesting and important in their whole bearing, and which are very frequently present in cases of acute strangulation of the uterus: I mean the nervous and hysterical symptoms.

Clinical observation has led me to the conclusion that, in cases of what may be termed acute hysteria attended with violent paroxysmal outbreaks, the pathological condition which lies at the root of the evil is strangulation of the uterus such as that above described. The truth of this theory, which, so far as I am aware, is a novel one as propounded in this particular way, will, I am convinced, become evident to those who take the pains to investigate and dispassionately inquire into the facts of individual cases. So much attention has been directed to the condition of the os and cervix uteri, to the exclusion, in too many instances, of the condition of the body and fundus of the uterus, that the connexion between these hysterical phenomena and marked flexion of the uterus leading, as I have explained, to strangulation of the organ, has been overlooked. I maintain that the connexion exists, and can be indubitably proved.

The nervous symptoms produced by acute strangulation of the uterus might be accurately described after an *a priori* method. Acute congestion of the body of the uterus, such as is produced by compression of the organ at its centre, must necessarily be accompanied by exaltation of the nervous susceptibilities of the uterus. The trunks of the nerves undergo, together with the blood-vessels, considerable pressure in flexion of the uterus; the result being an acutely sensitive condition of the body of the uterus. But the uterus is not simply unduly sensitive to the touch under such circumstances; its sensitiveness is felt in other organs of the body. Reflex movements and agitations of other parts of the body are excited by this irritation; hence the violent paroxysms seen in cases of acute hysteria. Let the uterus under the pressure of such symptoms be examined by the touch, it will be found extraordinarily sensitive to pressure. This sensi-

tiveness is due to strangulation—to a mechanical pressure, leading, as before explained, to interference with the normal circulation and innervation of the uterus.

Regarding the connexion between strangulation of the uterus and inflammation of this organ—a part of the subject of which I can only briefly allude to—the view which I have taken of the matter involves the conclusion that strangulation, or, as it might be termed, acute mechanical congestion, is the principal element in many cases of inflammation of the uterus; but, on the other hand, it is not to be denied that an inflamed, enlarged, softened condition of the uterus is not seldom the forerunner of strangulation. Further than this, also, and to carry the case on to a later period of its history, this strangulation intensifies and increases the strangulation.

Regarding the treatment of strangulation of the uterus, and the important effects and complications often observed, there is necessarily much to be said; but I must limit myself to an indication of the principles which have guided me, and have appeared to be reliable in the management of such cases.

As a general rule—a rule to which I have observed exceedingly few exceptions—this maintenance of the uterus in a proper shape by mechanical means the restoration, in fact, of the organ to its normal relations, both in regard to the parts of the organ itself, and the organs in the immediate vicinity, is attended with an abolition of the symptoms, or, at all events, with their immediate amelioration.

Reduction of Hernia in the Erect Posture.

Dr. McGeachy, in *The Canada Lancet*, gives a case in which the patient was relieved by taxis in the erect posture, and adds the following:

Firstly.—Obstinate constipation, or complete occlusion, may sometimes be caused by a partial incarceration of a portion of an intestine, which neither digital examination nor any physical means can properly demonstrate. The extreme importance of a proper diagnosis in suspected cases need not be insisted on. This patient had taken for two or three days previous enormous doses of salts, but without any effect;—this I was not aware of at the time. I had a very interesting case of this kind some time ago, which terminated on the fourth day in complete relief, by spontaneous reduction.

Secondly.—Is the erect posture the proper one, or only acci entally advantageous? Might I presume to offer a theory to my medical brethren, which, in the absence of any other that I am aware of, may be thought worthy of some consideration?

I believe that the proper position, theoretically, for the reduction of a strangulated inguinal hernia, and in which alone the co-operation of dynamic agencies can be utilized, is the erect posture, with the flexure and adduction of the thigh.

The means to be used are obvious. If beforehand the colon be well evacuated, or as much so as possible, every rational preparatory condition will have been fulfilled. In the old position, but one force is brought to bear—the *pushing force* used by the operator, if I may so term it. By this method we have also a pulling force (vis. a fronte), namely, the weight of a large portion of the bowel striving to drag the remainder from its posture of imprisonment. Why not, then, invert the patient, and secure the action of this new force in a still greater degree? Simply this: The rythmic action of the diaphragm forbids the continual operation of this force, and should it have any effect, it often leaves matters *in statu quo*, during its contraction. Besides the force here would generally be acting at an angle, the ring being the fixed point.

Thirdly.—Many practical men prefer this method of reduction, without regard to theory.

Singular Malformation.

The following malformation in a girl 20 years of age is described by Dr. Constantinides, in *The Canada Lancet:* She hardly presented any traces of the external genitals. No labia were to be seen, no nymphæ, no vagina, no clitoris, no mons, in short no appearance whatever even of the very rudiments of the external organs of generation. A slight crease about one inch in length and a few lines deep, covered with a roughened sort of mucous membrane having much the character of the adjoining epidermis over the perineum occupied the place of the vulva. In the centre of this, a small opening indicated the orifice of the urethra, through which a female catheter, which I introduced, passed directly into the bladder.

Although it was more than three years since I had seen her last, and she was now past her twenty-first year, her sexual system was wholly undeveloped, and she looked and acted in all respects like a child.

On her death, I entreated her friends to allow a post-mortem and to let me have an autopsy of, at least, the contents of her pelvis, but the same morbid delicacy, which against all my urgent and incessant requests, prompted them to refuse any other medical man to be a witness of her deformity during her life, led them also to kindly yet decidedly refuse my request at the end.

——The *Medical Times and Gazette* quotes a report that, among the war preparations of Russia, a military commission has been appointed at St. Petersburg to create a medical reserve force of one thousand surgeons.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 10, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send a copy of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

QUACK MEDICINES AND WHAT TO DO WITH THEM.

We are all agreed—or we all *ought* to be agreed—that the ethical principle which induces us to oppose the manufacture and sale of quack medicines, or in other words secret nostrums, is a sound one, which looks more to public health than to professional benefit, and is based on a true appreciation of the duties of man to man.

But however true all this may be, it amounts to little, if like Giant Pagan in Pilgrim's Progress we do but sit in our cave, and turning over our bones, mutter threats and maledictions on the outside world. We must set to work and *do something;* must unite on some sound scheme of checkmating this unrighteous traffic, and foiling these bold traders in human misery.

Two plans have been suggested, either of which will answer the purpose. It has been urged that all venders of secret nostrums should be obliged by law to patent their preparations. Many of them are now called "patent medicines," and indeed this is the usual title under which they are known. But very few of them are really patented. We doubt if a single successful "proprietary preparation," as they are euphumistically called, in the United States is on the books of the patent office in Washington. Such an entry destroys altogether the *secrecy* which gives them their greatest and only claim on popular favor. It is the *unknown* which is so attractive, and so wonderful—*omne ignotum pro mirifico*, as the classical maxim has it. Let a stringent law be enacted which would render each of these nostrums knowable by the public, and the boasting, the certificates, and the mysterious medicinal power would all come to a sudden end.

The second method does not look to the government but to private enterprise. And as we look for little from our government when it is asked to act against a monied class, whether railroad owners or quack medicine vendors, this second method is more promising. It is to analyze each popular secret preparation, and publish its constituents far and wide. Many papers, including, of course, all medical journals, will joyfully publish these analyses, if prepared by competent parties, and in this way a stop would be put to their sales. When some credulous person comes in and asks for the celebrated Dr. Squibobs' Stomachic Elixir of Life, the apothecary, who knows its formula, will quietly put up the recipe and hand it over, paying nothing to the irate Dr. Squibobs in the way of commission, and getting all the advantages of the enraged Dr. S.'s advertising. Dr. S. will very soon quit the business, and betake himself to some more reputable mode of earning a living.

Now one or the other of these courses should be earnestly adopted and persistently advocated by our profession, until real results are accomplished.

Notes and Comments.

Erratum.

In Dr. Spencer's article in THE REPORTER for Nov. 5th, in the first formula, p. 360, for fld. ext. nux vomica, f.℥j; change to f.℥j.

The Concours Question.

A Western contemporary thinks that a competitive examination is not a safe test for a hospital surgeon, because "manner, fidelity, experience, and honor" are not regarded, but merely "a technical knowledge of scientific details." This is a very shallow objection to a much needed reform, as there would be no difficulty in fixing a standard by which applicants could be judged in these respects. Certainly, "honor" would be more favored by the concours, than by many means which to our knowledge are now used to obtain these posts.

A New Antidote.

An English gentleman, Mr. G. B. HIGGINS, pretends to have discovered that "all animal poisons have their specific antidotes in the gall of the animal or reptile in which these poisons exist." The bite of any poisonous snake or reptile can, we are assured by Mr. H., be cured by administering a few drops of a preparation of the gall of the *cobra*. He makes a strong tincture of the gall, and gives a very small dose of it, much diluted, every few minutes. The account he gives in the *European Mail* is too vague to be of much use, though he asserts that he "has never lost a case."

Supposed Poisoning by Hydrate of Chloral.

Some details of a case of supposed poisoning by this popular hypnotic have been sent us by a correspondent in Illinois. The statement is as follows: "On the morning of the 25th, Mrs. Fletcher, of Anna, Ill., after passing a restless night from previous indisposition, got up and took a dose of the above named medicine, about six o'clock, to produce rest. She had been in the habit of using it, but unfortunately took three dessertspoonfuls. Her husband on going to her from breakfast saw that something was wrong, and summoned aid, when she was found unconscious, and as nothing could be learned as to what she had taken, it was supposed to be some kind of an opiate. She was completely narcotized, although the pupil of the eye wanted that peculiar expression usually found when opium has been taken. Drs. PARKS and GARLINGTON were called in, and subsequently Dr. SCHUCHARDT, of Jonesboro. Antidotes, stimulants, and other agents, calculated to destroy the force of the poison, were used, resulting in her recovery, after more than eighteen hours of insensibility."

Injury to the Testicles.

A correspondent in Pennsylvania writes us, referring to the case described in this volume of the REPORTER, p. 374: "Two cases have come under my notice in each of which a testicle was completely denuded, and cures were effected without any unpleasant symptom supervening. The first was a case in which, by accident, near two-thirds of the scrotum was removed and one testicle completely laid bare. The second, a case of gunshot wound in which the right testicle was perforated by a ball. Intense inflammation took place, followed by mortification and loss of the wounded testicle together with nearly all the scrotum, barely sufficient being left to give the remaining organ a very tightly fitting covering. Both these patients recovered without a single drawback."

The Case of Double Amputation.

On page 352 of this volume of the REPORTER, will be found the report by Dr. IDRIS DAVIES, of a case of double amputation. Dr. GEO. B. H. SWAYZE, who is referred to by name in that report, has written us a letter pronouncing the reporter to be an irregular physician, and stating that he (Dr. D.) neither performed nor assisted in performing the amputation, nor had any part in the after treatment. The whole of the credit in the case is claimed by Dr. Swayze, and we know from the evidence that he claims it with justice. The letter of Dr. Davies was a bold attempt to claim credit which was not due to him, and deserves severe reprobation.

Correspondence.

DOMESTIC.

The Ergot vs. the Tampon, Again.

EDS. MED. & SURG. REPORTER:

When I first read Dr. MICHENER'S article "On the Use of Ergot," in THE REPORTER of August 20th, I felt a delicacy in making any reply in answer to the several illogical deductions which he, perhaps, in haste had drawn from the paper I had written in July. But, in order that the younger members of the profession may not be misled by the statements and opinions of such a veteran, as his "Experimental Thesis," of more than fifty years ago proves him to be, I really deem it my duty to point out some of the errors into which this long

experience, of more than three score years and ten, has led him.

After starting out with "being pleased with my article," and likewise adding that his "experience confirmed much of what I had written," I was very much surprised that the doctor commenced to quarrel with perhaps every thing I had said. Hear how his experience comports with mine: "Dr. Battson says: 'Under no circumstances does ergot produce ontractions where they had not previously existed." He then says this is a sweeping assertion, and may need confirmation. (See case below.)

Below he introduces "Phœbe Shorter, who, in the eighth month of her pregnancy, received a severe contusion of the abdomen." We venture the assertion that the doctor does not comprehend the *situation*. This accident occurred exactly on the "fourth of the eighth month," which threatened to induce premature labor, but soon passed off. But the "subsequent attack of great soreness, pain and sense of weight in the abdomen" conclusively proves that this threatening of premature labor did not soon "pass off." The uterus and os were all the while silently making ready for the expulsion of the "precious charge." Why, the doctor says himself that on the morning of the *second day*, *i. e.*, *first* morning after she was hurt, she had "slight pains like those of labor." I think that this is proof enough that things did not pass off after a very little while. But in addition to all this let me ask Dr. Michener what he expects to do with his minute doses of ergot, one grain every four hours? But the note appended to his case shows how one grain of ergot given every four hours gives "*tone* to a debilitated or irritable uterus, which threatens to expel its precious charge." But we think the doctor is mixing up matters incomprehensibly when he informs us that a debilitated and an irritable uterus means one and the same thing.

But the Doctor introduces me again: "No drug can ever induce the dilatation of the os uteri." The Doctor then goes on to say: "When the fundus or body is inactive, and the os spasmodically closed, I have abundant experience to satisfy me that ergot, like opium, will, indirectly, at least, dilate the os." This is exactly what I said of the ergot, or to the same effect, that the contractions of the fundus indirectly dilated the os, by exhausting its *tonicity*; but it cannot do so directly. I can not agree with him that opium indirectly dilates the os. Opium, belladonna, chloroform, etc., have a *direct* tendency to dilate the os, but not an *indirect* one. But in order to make the case more interesting, I will let Dubois fight it out. In Cazeaux's work (edition 1866), it is stated that this medicine (ergot) which is recommended by M. P. Dubois under such circumstances, appears to him to have nothing more than a hæmostatic action; "for if it be objected," says he, "that this remedy might excite uterine contractions, and thus provoke a premature labor, we answer that, up to the present time, not a single well-founded observation proves that the *spurred rye* has the property of *provoking* the uterine contractions; though, where these exist already, it increases them, or restores them when suspended; but it does not cause them to appear if the uterus is in a state of perfect rest." So we are compelled to conclude, from the testimony of Dubois that small doses of the ergot, and especially at such long intervals will always fail "to excite contractions, if they are suspended or have not previously existed;" when full doses will have no effect of that kind.

But the doctor again quotes, "the irritating presence of the tampon itself within its inclosure," (*i. e.* of the uterus.) No, but within the inclosure of the cervix or os. Besides, Cazeaux and all other authors object to applying the tampon when the placenta is centrally implanted over the os, but allow its application only in those *segmentary* presentations, where everybody who understands the application of the tampon, makes an effort, at least, to apply it to the orifices of the bleeding vessels.

The doctor makes still another failure, when he introduces "will avert the danger, no matter how profuse the flooding, or how long continued." I again assert that the abortion will be prevented, *provided*, the membranes are entire and the os but slightly dilated. (See Cazeaux, 702 and 704.)

There are other points on which Dr. M. unfairly criticises me, but lest I encroach too much upon your space, I will not bring them forward.

Claremont, Ill. O. A. Battson, M. D.

More Experience with Chloral Hydrate.

Eds. Med. & Surg. Reporter:

Some time since I wrote an article which was published in the Reporter, upon the use of Chloral. As I have had a good deal to do with this very popular agent since, I will give my further experience. I suppose, since May last, I have prescribed chloral in more than one hundred cases, and must say that in a majority of them, have been highly pleased with the results; and never more so than in the case of my dear old mother, now seventy-five years of age, whom I was summoned to see a few days since. I found her suffering from a low form of fever, with an irritable, and broken down nervous system. She could get no sleep from the administration of the usual remedies in such cases. I gave her, at bed time, fifteen grains of chloral, and she had a fine night's rest, and felt refreshed in the morning. It is, in cases like these, where the preparations of opium and other remedies fail, that chloral stands pre-eminent, above all other medicines.

Another case that comes to my mind at this time: A lady living only a few steps from my office has suffered from neuralgia of the head for the last ten years, which would occur every few weeks, and frequently last for three or four days. I had exhausted the whole vocabulary of remedies usually prescribed in these cases, but produced nothing but temporary relief. I determined to test the chloral in her case the first opportunity. I did not have to wait very long, for in a few days she had a terrible attack; I gave her fifteen grains, my usual dose, and in one-half hour she was in a sound sleep. In the morning she awoke entirely free from pain, and she informs me she has not had an attack since. It is now two months since I gave her the chloral. But, remember that this remedy does not act in every case as it did in the above, and he who administers it with the expectation that it is infallible, will be sadly disappointed. There are cases where the chloral will have no good effect, not producing rest or sleep, leaving the patient with dryness of the fauces, headache, dizziness and nausea.

I remember one case of a lady, two squares from my office, who was taken one evening in the month of August last, with neuralgic pains in the left side, shoulders, and arms. I gave her fifteen grains of chloral every hour for four hours. She informed me at my next visit, that the "medicine that I left had no more effect than so much sweetened water, and guessed there was not much strength in it." "Said she would prefer some powders, such as I had given her before" (which was morphia). I accordingly did as she requested, and she soon obtained relief.

I relate this case, to show that chloral is like other medicinal agents, not always sure to act the same in each and every case. I know of no way to account for this different action upon the human system other than by idiosyncracy.

I have one more case to relate, and I am done. On the 24th day of September last I was called to see Mrs. N., of this city. I found her suffering from severe pain in the stomach and bowels, with an active diarrhœa, which was assuming a dysenteric form with tormina and tenesmus, etc., nausea and retching, and a general prostrated condition of the whole nervous system. She was a very delicate, pale, feeble looking lady, and she informed me that she had been ill a great deal, and had always to take some preparation of opium before she could get relief, and that always made her very sick and prostrated the next day.

I told her I had a new remedy which I thought would relieve her, and not be followed with the sickness of opium. She was anxious to try it. I gave her fifteen grains of chloral, and in one half hour she became quiet, and the pain in the bowels and stomach ceased. The dose was repeated every four or six hours as the case demanded, and that with one or two enemata of starch and laudanum, given the second day, constituted all the treatment. In four or five days she was up, and she expresses herself as greatly pleased with the "new remedy," —never got along so well before. I am of the opinion after watching the effects of chloral administered in different forms of disease, that the more the disease partakes of a nervous character, the more favorable will be the action of chloral hydrate. I am also of the opinion that chloral properly administered in cases where it is indicated will produce a satisfactory result. I am truly glad to find the profession using this agent so generally, and have no doubt but that it is bound to be one of our standard medicines.

H. A. Spencer, M. D.

Erie, Pa., Oct. 15, 1870.

Medical Experts on Coroner's Juries.

Eds. Med. & Surg. Reporter:

Your timely and valuable remarks on the employment of medical experts on coroner's juries, with an abstract of the principal points of an excellent paper on this subject, by Dr. Isaac Ray, in The Reporter of Nov. 12th, has just received a practical illustration in this city, which should be more generally known to the profession than it will be from the reports which have appeared in the daily newspapers.

On the 4th inst., Frances Ann M'Dougal, alias McDonald, died at No. 156 East 28th street, under circumstances which lead to suspicion that the death was the result of a criminal abortion. The coroner had ascertained that the deceased had arrived in New York from the province of Ontario, Canada, and that some unknown person had paid for her funeral. Paragraphs appeared in several of the daily papers, undoubtedly instigated by private malice, implicating a physician of character and position, which produced a most painful impression on the profession.

Feeling the importance of the occasion Coroner Flynn, with a sagacity and judgment which does him infinite credit, and which should serve as an example to others holding the same position, selected probably the ablest coroner's jury that was ever brought together, qualified experts who would be uncompromising in denouncing crime, but at the same time just and impartial.

The following is the verdict, with the signatures of the jury appended:

The undersigned, summoned by the Coroner, to investigate the cause of the death of Frances Ann McDonald, find, after a careful and most searching examination of all the evidence laid before them, including a report of the post-mortem examination

of the body of the deceased, that she died from metro-peritonitis and general peritonitis, which had existed at least eleven days, and for which she had received most competent medical treatment from Dr. Joseph Wooster, who first saw the patient after the development of the disease which caused her death.

From the evidence before us, we believe that an abortion had been induced several days before the patient was seen by Dr. Wooster.

Signed.—Fordyce Barker, M. D., foreman; J. Marion Sims, M. D.; John J. Crane, M. D.; J. C. Nott, M. D.; Charles A. Budd, M. D.; Wm. C. Roberts, M. D.; Robert A. Bang, M. D.; John P. Garrish, M. D. Yours truly, N.

New York, Nov. 17, 1870.

News and Miscellany.

The Woman's Hospital of New York.

The fifteenth anniversary of the Woman's Hospital of the State of New York was held recently, at the Institution, north-east corner of Forty-ninth st. and Fourth avenue. A large number of the subscribers and patrons of the Hospital were present.

Addresses were made by Drs. Charles A. Budd and J. Marion Sims, and also by the Rev. Drs. Potter of Grace Church, and Sabine. The chair was occupied by Mr. James W. Beekman, President of the Board of Governors.

Dr. Thomas Addis Emmet, the Surgeon-in-Chief, presented a report of the work of the Hospital during the year ending Nov. 1, 1870. A greater number of cases had been under treatment, with a greater per centage of cures, than in any previous year of the Hospital. At the date covered by the last report, there remained under treatment 60 cases, and 202 had been admitted during the year, making a total of 262. Of this number 167 were discharged cured, 17 were discharged improved, 12 received no benefit, and 9 died; leaving 57 patients in the Hospital on the 1st inst. In strict justice, but these five deaths should be alotted to the institution, for of the remaining four cases, two were admitted with peritonitis, and died shortly after admission; one died under similar circumstances from cancer far advanced, and in the fourth death resulted from exhaustion before an operation could be performed. The number of out-door patients treated during the year has been 1,801, an increase of 432 as compared with the previous year. The medical staff has been strengthened by the appointment of Drs. J. C. Nott and Frederick D. Lente, and Drs. J. J. Crane and James R. Wood have been added to the Board of Consulting Surgeons. Drs. W. T. Walker, John P. P. White, and Bache Emmet have been added to the corps of physicians for the out-door patients, with the view of having a daily clinic. The time of service of Drs. G. T. Harrison and Bache Emmet having expired, Dr. Page, the former Junior Physician, has become House Surgeon, Dr. Graham, House Physician, and Dr. Taylor, Junior Physician.

Physicians' Mutual Aid Society.

The Physicians' Mutual Aid Society, of New York, has elected the following Directors: Drs. James Anderson, Wm. W. Reese, C. R. Agnew, Gurdon Buck, R. J. O'Sullivan, Joel Foster, Max Herzog, W. N. Blakeman, J. S. Monell, Samuel Ayres, Orson H. Smith, J. H. Hinton, James Kennedy, C. L. Mitchell. The Association has had its third annual meeting. Its object is to afford immediate relief to the families of deceased members. The Association has secured a bed and room in all the principal hospitals of the city for the use of members whose circumstances will not permit them to be otherwise cared for when sick.

Queries and Replies.

Dr. W. H., Pa.—We do not furnish Craig's microscope, and do not know of any agency in this city. The price is $2.50.

Words of Encouragement.

Dr. H. H. J., Ohio.—"I cannot be without it."

Dr. R. G. H., New York.—"I prize The Reporter highly, and would be lost without it."

Dr. S. J. H., Mich.—"I prize The Reporter highly for its excellence, and it is the more acceptable for its coming every week."

Dr. C. N. H., Minn., says.—"Your *Physician's Daily Pocket Record* is the best and most convenient work of the kind I have ever used."

Dr. A. W. N., Conn.—"The *Physician's Daily Pocket Record* is a very perfect book of its kind."

Married.

Bahnson—de Schweinitz.—At Salem, N. C., Nov. 3d, Dr. Henry T. Bahnson and Miss Adelaide H., daughter of Rev. E. A. de Schweinitz.

Cowdrey—Hall.—In Carlisle, Pa., on November 17th, by the Rev. John C. Bliss, of Plainfield, N. J., S. G. Cowdrey, M. D., United States Army, and Miss Minnie Hall, of Carlisle.

McVicker—Pollock.—On the 10th of November, 1870, at the residence of the bride's parents, by the Rev. Wm. Sterling, James P. McVicker, M. D., and Maggie M., daughter of Samuel Pollock, M. D., all of Williamsport, Penna.

Porter—Travis.—At the residence of the bride's father, November 13, by Rev. J. H. Wood, Wellington Porter, Esq., of Glasco, New York, and Nelly, only daughter of J. S. Travis, M. D., of Glasco.

Purnell—Zevely.—At the residence of the bride's father, Dr. A. T. Zevely, Salem, N. C., Nov. 16th, Thos. R. Purnell, Esq., of Wilmington, N. C., and Miss Adelia E. Zevely.

Died.

Bournonville.—In this city, suddenly, Nov. 30th, of neuralgia of the heart, Kate S., wife of Dr. A. C. Bournonville.

Geyer.—In this city, Nov. 25th, William H. Geyer, M. D., in the 68th year of his age.

McCaffry.—In Trenton, N. J., Nov. 27th, Annie F., daughter of Dr. P. McCaffry, in the 35th year of her age.

Warren.—In Baltimore, Md., on Thursday, Nov. 24th, Edward Warren, Jr., aged six years, the only son of Professor Edward Warren and Elizabeth C. Warren.

THE
MEDICAL AND SURGICAL REPORTER.

No. 720.] PHILADELPHIA, DECEMBER 17, 1870. [Vol. XXIII.—No 25.

Original Department.

Communications.

TREATMENT OF SCARLET FEVER.

(*Continued from page* 384.)

By Stiles Kennedy, M. D.,

Newark, Delaware.

THE SPONGE BATH.

Wetting the face, arms and hands with cold water is become such a universal practice in all fevers that there is little need of saying anything in its favor. It is so very grateful to the patient, and, when long continued, it so appreciably lessens the fever that the laity no longer wait for advice on the general propriety of its use.

In scarlet fever I apply the water to the whole surface of the body, from the top of the head to the soles of the feet, with a good soft sponge, if it can be had. The water may be of a temperature pleasant to the patient. May be continued for ten minutes or an hour, and repeated as often as necessary.

In administration of these baths care should be taken not to unnecessarily dampen the bed, not that it is particularly dangerous, but it is unpleasant to the patient; and the odor arising from the heat of the body and moisture of the bed is not agreeable to those around. After the plunge or shower-bath the patient should be wiped dry with a soft towel before being put into bed. There is no need of any violent manifestations, as are seen in the rooms of "Turkish baths," as if you were making the patient do penance; the skin is swollen, sore and irritated, and needs to be wiped gently. After sponging, there is no need of this wiping, as only portions of the body not in contact with the bed are touched, and the skin dries in a few moments. Still, care is required not to wet the clothes by water dripping from the sponge, or running off of the surface of the body.

As a general thing, patients will stand water much colder by the sponge than by either of the other modes recommended; and, indeed, it needs to be colder, as the quantity of water spread so thinly over the body is very small, and it rapidly attains nearly the temperature of the body; hence, also, arises the necessity for the continuous applicaton of the wet sponge until the object is attained—the lowering of the fever—whether this requires ten or sixty minutes. To be plain, on this very point hinges the success of this method of applying cold water to the surface of the body. The nurse must take his place by the bedside with the intention of staying there until the fever is bathed away; simply wetting the surface of the body now, and then running about the house with the expectation of returning in five minutes, which generally turns out to be fifteen, will do no good.

Before leaving the subject of baths, it remains to give some definite and precise rules for their application; so far as the condition of the patient alone is concerned, for certainly nothing could be farther from my intention or opinion than to recommend the use of baths in an indiscriminate, hap-hazard manner in all cases of scarlet fever, without regard to the condition of the patient at the time. Since the article was written of which this is a continuation, the kindness of Dr. W. Stump Forwood, of Philadelphia, has placed in my hands "The Memoir of the Life, &c., of Dr. James Currie, F. R. S." who introduced this treatment nearly a century ago; and I am only too glad to avail myself of this valuable work to give the acurate and explicit rules which governed that eminent practi-

tioner and remarkably close observer, in his own language.

He says the effusion of water may be safely used.

1*st. When there is no sense of chilliness present.*

2*d. When the heat of the surface is steadily above what is natural.*

3*d. When there is no general or profuse sensible perspiration.*

These rules are repeated so constantly in every form through his work as not only to show his conviction of the paramount necessity of strict attention to them, but also to render it nearly impossible to mistake them.

TWO MEDICINES

only have gained much reputation for mitigating or subduing the symptom of fever in this disease, or the disease itself, and the profession is about equally divided as to their respective merits. One is the *chlorine mixture*, which, for ready use, may be prepared about as follows:

℞. Chl. potass., ℥j.
Acid. hydrochl.
Aquæ, aa. ℥j. M.

From two to eight drops of this to a tablespoonful of water may be given every two hours. For children over eight years of age a solution made of two drachms of the mixture and a pint of water is strong enough to give tablespoonful doses. It is generally prepared sweetened with simple syrup, but at best it is an unpleasant dose to many children, and often makes them complain of burning in their throats.

Probably its best effect is the purification of the alimentary canal, thus preventing further contamination and impairment of the system by the decay and decomposition of tissue and secretions emptied into it. Another good effect may be the aid given to the process of digestion, thus giving support as well as preventing waste to the system. So much for the theory. My experience with it is not satisfactory, although I have only used it in six cases, I believe, of scarlet fever. I have used it in a great many cases of typhoid and other low forms of fevers, and in nearly every instance I found that it made the throat sore after a few days' use, and I had to abandon it or give it very long intervals, say of eight hours, and then, perhaps, it did little or no good.

The other medicine alluded to is the *liquor ammoniæ acetatis* of the pharmacopia. Probably no anti-febrile mixture has stood the test of the experience of the profession for so long a time, with so much satisfaction, as this, not in scarlet fever particularly, but in all febrile diseases; and I do not remember to ever have heard it complained of when the vital powers begin to lag. An excess of carbonate of ammonia may be added in the quantity of five or ten grains to the ounce, and with or without this addition from a half to a whole tablespoonful may be given in a little syrup or water every one or two hours, according to the age of the patient and the urgency of the symptoms. When a case is seen early, and there is suspicion that the stomach is overloaded, an emetic that operates quickly should be administered, and a mild *mercurial* purge given at night.

While the symptom of fever is under consideration a word may be said in regard to

DRINK AND DIET.

Ice-cold lemonade is not only a delightful beverage, but highly efficacious when administered in small quantities frequently repeated. A solution of the chlorate of potassa of the strength of one drachm to the pint of water, the whole to be drank at intervals during twenty-four hours, is highly spoken of by some practitioners as having a tendency to ameliorate the severity of the symptoms of this disease, but I have failed to elicit any good result from it, except where there is a disposition to coma, or when there is dyspnœa and imperfect arterialization of the blood, and then I prefer giving three to five grains in the lemonade every second hour.

In many cases for two or three days, while the fever is at its height, I have found ice cream a most excellent adjuvant in the treatment of scarlet fever. It is grateful to the patient and frequently called for; has a cooling effect upon the throat when taken slowly; is nutritious, and the general effect is good when given in quantites not larger than the size of a black walnut, as often as every four or six hours. Of course, when the powers of endurance are beginning to fall, these must be supplanted by wine whey and beef tea.

THE CONDITION OF THE SKIN.

All that has been said regarding the application of water to the surface of the body to subdue the symptoms of fever applies with equal force to the swollen, tender, and painful

condition of the skin often found in this disease.

Where the baths from any cause cannot be administered sufficiently often to compel the yielding of this troublesome condition, I know of no remedy that will compare with glycerine, one-half to four-fifths water, applied to the whole surface of the body, three or four times, or oftener, if need be, in the twenty-four hours. Sometimes the first sensation on its application is a smarting sufficient to make the patient cry out for the moment. Considering that glycerine is a perfectly neutral substance, I do not know how to account for this except by its physiological action under the law of endosmose. However, in the few cases where this smarting does occur it soon passes off, and the skin is left much improved.

Putting aside the exceedingly few cases where the patient is overwhelmed by the fearful malignancy of the disease at the very onset, before the establishment of reaction,

THE THROAT

is one of the principal strongholds of the enemy, and its proper management requires the greatest skill and best judgment. I am not willing to follow some of the modern Nestors of the profession, and say that the local inflammation is the disease; that as it increases in severity the fever rises; that the delirium moves *pari passu* with the inflammation; therefore our attention must be directed solely to the throat; that as we compel it to yield, we heal the disease. The premises are not correct to start with; and if the deduction was set into an independent proposition, it would be true only in a limited sense.

This was MORTON'S idea: he said scarlet fever was a highly inflammatory disease; that it was the inflammation that killed; that we should drop everything else and fight it alone. *Blood-letting* and *purgation*, *swabs* and *caustics* were the remedies, and with this practice death followed him as a "pestilence that walketh at noonday." At the end of one week he stood in the midst of 300 new made graves. What fearful havoc!

WILLAN states that this was the genera practice, and that it was followed *with the most disastrous results.*

And yet with this experience of treating the throat as the disease, and not as a symptom, as the cause and not as the effect, we find yet some physicians who go armed with swabs and vile solutions, proclaiming "Let the fever run its course—take care of the throat." These swabbers are a living terror to their patients. The mere announcement of their approach makes the child scream and shake with fear, and older hearts beat nervously as the mind recalls the scenes of the morning or evening before, now to be reënacted.

I do not wish to underrate the importance of taking care of the throat, but I wish to estimate it at its true value, as constituting an important *factor* and not the *fac totum* of scarlet fever; that it must be treated in connection with, and not independent of, the other leading symptoms of the disease. The plan of treatment, which I have to recommend, is the *external application of ice* to the inflamed throat. The application may be made by means of a beef-bladder, opened at both ends, and tied around the middle, forming a pair of saddle-bags for the throat; this is to be filled with pieces of ice, and the ends tied tightly by strings with sufficient ends left to allow them to be again tied over the top of the head so as to keep the ice-bag in position. This simple arrangement is applied as soon as the throat is complained of; if the patient complains of the severity of the cold sensation, a napkin may be placed between the ice-bag and the skin. The ice should be kept close up under the jaws as high as the ear, and it should be kept on constantly without intermission until all danger is past.

If the importance of this continuous application is not impressed upon the attendant, and he, either from carelessness or good intention, leaves it off frequently or for a long while at a time, no good will result, but probably injury, as the reaction may be trifling or considerable.

This plan of treating the throat affection is simply the application of an old and well-known principle; the great sedative and antiphlogistic power of cold. In my hands this remedy has been uniformly attended with the best results.

There is another old and established principle, which it is well enough to bear in mind and have recourse to *always* when it is possible to do so. I allude to the application of warmth and moisture as an antiphlogistic remedy to inflamed parts. In general practice almost every physician is constantly resorting to this principle in therapy, by the directing of emolient cataplasms, medicated poultices,

or flannel, or spongeo-piline soaked in warm water, to be applied to various inflammations. As the external throat is covered with ice, and these things cannot be applied to the internal throat, the expedient is adopted of using the *vapor of water* as an inhalation. For this purpose, when an atomizer cannot be obtained or used, some of the ordinary culinary utensils may be readily adapted to the purpose. "Steaming the throat," then, is a valuable adjunct to the treatment. For the same reason the atmosphere of the sick room should be kept at a comfortable temperature and loaded with moisture. When the patient is old enough to use the atomizer, twenty drops of the muriated tincture of iron may be added to the water and used at a time. This may be repeated three times in twenty-four hours. Occasionally the eighth of a grain of one of the salts of morphia may be added to the water when there is much pain in the throat. In a few cases it may be necessary to resort to the mop; then we enter an uncertain field of practice. I prefer the nitrate of silver. Others more competent to judge prefer the sulphate of copper, while others prefer the chloride mixture already mentioned, diluted two-fifths to nine-tenths with water.

THE DELIRIUM.

Where the treatment here attempted to be pointed out has been followed from an early period of the disease, I have seen *no case of delirium*. Constantly preventing the temperature of the blood from rising above, or very little above, the normal thermometric height is to *certainly ward off delirium*. On this point I am glad to add the singular unanimity of the medical officers of the general hospitals of Bâle, regarding the use of water in the treatment of typhoid fever. But further: in several cases of typhoid fever to which I have been called while the delirium was on, I have found without an exception that as soon as I cooled the blood down to near its normal temperature *the delirium ceased*.

The action of the baths and ice bag to the throat is now greatly facilitated by the employment of an *ice cap to the head*. It keeps the bladder partly filled with broken ice, and if firmly tied is sufficient.

——Dr. H. G. McIntyre, of Concord, N. H., the physician involved in the "baby farming" case, has been arrested on the charge of manslaughter. He pleaded "Not guilty," and gave bail in $5,000 to appear.

CLINICAL REPORT OF A CASE OF A DOUBLE COLOBOMA OF THE IRIS AND CHOROID.

By Lawrence Turnbull, M. D.,

Ophthalmic Surgeon to Howard Hospital.

Cases of double coloboma of iris and choroid are rare, this being the first case met with during a period of some twenty-five years practice. Upon careful examination of numerous authorities upon the eye and its diseases, there is but one case recorded, that by Dr. R. Lubreich, of Paris.* The case was a young girl who suffered from coloboma iridis in both eyes.

The right eye could be but little examined with the ophthalmoscope, owing to a secondary cataract and a detachment of the retina, consecutive to a previous reclination of the lens. In the left eye, on the contrary, after dilatation of the pupil, which was already large in consequence of the coloboma iridis, the fundus might be observed as far as the ciliary process, especially below; and thus the coloboma choroideæ could be seen in its entire extent. Towards the margin of the latter the elsewhere moderate pigment of the choroid suddenly increases in its intensity, and terminates with a dark-brown and almost black edge, which stands out distinctly against the clear white patch.

In the entire extent of the space the sclerotic is very much ectasied. The boundary where this ectasy begins is for the most part covered by the choroidal border only below (in the drawing—see Atlas—above which is the reversed image) where the patch runs out into a very peculiar point, surrounded on both sides by an increased deposit of pigment close to a zone of sclerotic, running in its normal plane between the choroidal border and the edge of the ectasy.

The papulla is oval, with its long axis placed horizontally; and it is difficult to distinguish it from the sclerotic by its reddish-gray hue. The mode of distribution of the retinal vessels upon it is extremely characteristic of the coloboma. When compared with the normal condition they appear to be bent at an angle of 90° in the plane of the fundus oculi. From the papilla the retina or the rudimentary membrane, which here probably takes its place, is stretched across the smaller and deeper ectasy, while the entire

*Atlas of Ophthalmoscopy, by Dr. R. Lubreich. The text translated by H. R. Swanzy. Second Edition. London and Paris. 1870.

remaining extent of the coloboma is closely applied to the floor of the concavity.

A drawing of the writer's case is here seen,

which is taken from life, and the engraving from it is made with care; it represents the eyes of Wm. H——, Fulton street, Phila., æt. two years and nine months. According to the mother's statement, he is the sixth child, and was particularly small at birth; light hair, fair skin and blue eyes, and a large head. Has had otitis media parulenta in both ears. Is a very active child, and eyes in constant motion, . The defect in the eyes is accounted for by the mother thus: whilst in the third month of uterine life, she was frightened by a child falling from a stair-wing above her, to where she lived, on the lower story, and it lay apparently dead with "open, staring eyes." This sight made so strong an impression upon her mind that when she attempted to assist the child she was unable to do so on account of sudden faintness. The cleft in each eye is symmetrical, and if as cut out of the outer portion of the iris by an instrument. On dilating the opening, the cleft was found to extend to the ciliary body and choroid, which, under the ophthalmoscope, was found of dull, whitish color; but the opening at the bottom was not as large as at the top; there was more of the uveal layer of the iris than of the fibrous layer; the apertus were fringed with a margin of black or blackish-brown tissue. The retina was not cleft, but had a dull aspect, not as transparent, and the vessels were not regular, but broken, crooked, and it was difficult, owing to the rapid motion of the eyes of the child, to obtain as satisfactory an examination as it was desirable. A colored drawing of the appearance of a single coloboma of the choroid may be seen in the work of *A. DeMontmija** in his late work, under the head of Congenital Anomalies of the Base of the Eye.

Prof. SÆMISCH, of Bonn,† reported by Prof. KNAPP, is a rare case in which little or no connection whatever could be found between the coloboma of the choroid and the slightly changed iris, all the other portions of the eye, and especially that portion of the ciliary body lying between the coloboma and the iris being found perfectly normal. He mentions this case as the first, in his opinion, where there was a coloboma of the choroid and no coloboma, or even fissure, of the iris corresponding to it. A small circle of the iris was only wanting inferiorly for a distance of 2.5 mim., whilst the pigmentary layer seemed intact, forming the sharply defined pupillary edge. In this case nature will close the slight defect in the iris. In all these cases there is, no doubt, an arrest in the development of the iris and choroid, and is apt to coincide with other congenital defects of the eye, palate, cranium, spinal column, etc., etc. Simple coloboma iridis is like an artificial pupil, and the acuteness of vision is generally not much impaired; but if the affection is associated with a considerable cleft in the ciliary body and choroid, the vision is very much impaired and is to be treated by colored glasses in the adult, and by the use of nourishing diet and tonics in the child, so as to assist nature to repair the injury as much as it is possible. The eyes, also, should not be taxed for fear of opacity of the lens from its exposure to heated rays of the sun, there being no screen to protect it at this point.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

November 5, 1870.

Service of D. HAYES AGNEW, M. D., Prof. of Clinical and Operative Surgery.

[REPORTED BY DE F. WILLARD, M. D.]

GENTLEMEN: I have to present to you this morning a valuable series of cases which will well illustrate several of the important

Diseases of the Genito-urinary Organs,

and, if time permits, I shall bring before you instances, respectively, of stricture, enlargement of the

*Pathologie Iconographique Du Fond De Oeil, Traite D'Ophthalmoscopie, Par A. De Montmija. Paris. H. Lauwersyns, 1870. p. 42.

†*Arch. f. Ophth.* xviii. HALF YEARLY COMPENDIUM, v. vi. p. 212.

prostate gland, irritability of the bladder, cystitis and two cases of stone in the bladder, both of which I expect to remove by the lateral operation for lithotomy

Stricture.

CASE I.—This is a young man, who gives the history of a gonorrhœa six years since, terminating in a gleet, which was treated with strong injections, but gave no serious inconvenience until recently, when he began to be troubled with a frequent desire to pass his water, and discovered that it sometimes came only in a small stream. He is obliged to rise several times during the night to evacuate the contents of his bladder, and at such times finds that the act is often accompanied by smarting, and also that the flow sometimes ceases altogether. I shall not stop to discuss the subject of stricture, since my object to-day is rather to delineate, by a succession of cases, a series of symptoms, which, though closely allied to each other, are yet but expressions of varied pathological conditions, which taken by themselves cannot lead you to an accurate diagnosis, while at the same time I will show you how necessary is the employment of a thorough exploration of the urethra and bladder before arriving at any decision upon the nature of a case. This examination is one which you should never neglect.

I take a well-oiled steel sound and pass it into the urethra; it passes on uninterruptedly through the entire spongy portion. Now I am coming to the membranous portion, where it passes through the triangular ligament—the most frequent seat of stricture, and my sound is arrested, yet the tissue does not feel very firm, and I think the resistance largely spasmodic, due to the presence of the instrument, which will yield by gentle pressure.

[Prof. A. engaged the man a moment in conversation upon indifferent subjects, and almost immediately the sound was in the bladder.]

That is a very simple and often useful expedient, for you must put these sphincter muscles off their guard, which will be best done by detracting the man's attention.

There is here a certain degree of narrowing in the canal, yet it is not great, for you see the size of the sound which I have passed (a No. 8), and we therefore have no hesitation in assuring this man that he can be cured. Sounds of a gradually increasing diameter will be daily passed until the calibre is fully restored, and the presence of these instruments will probably quiet all irritability of the mucous membrane, so that no further treatment will be necessary.

Senile Hypertrophy of the Prostrate Gland.

CASE II.—Here is a man æt. 67 years, who has been sent to us under the supposition that he is suffering from stone in the bladder. I have not yet examined him, but we will first obtain his history. We find that his complaint commenced some three or four years since; that he is frequently seized with a desire to pass his water, and also that there is great difficulty in starting it; that he continually suffers with distress at the neck of the bladder; that there is pain at the end of the penis, accompanied by a stinging pain on voiding urine; that he is disturbed at night by the involuntary discharge of semen, and that he has always a feeling of fullness in his rectum, even after a free evacuation. His urine was clear at first, but is now thick and ropy, and becomes quickly ammoniacal upon standing.

From these symptoms I should say that this is not a case of stone, but should rather infer that it was enlargement of the prostrate gland, a condition which is so often seen in aged persons; yet we will not be positive until we have made a physical exploration of the parts, a procedure which, as I have said, should always be employed. I easily pass a sound down until I reach the prostrate portion of the urethra, and here it is arrested. I introduce my finger into the rectum and find the gland as I expected, greatly enlarged, and not only in the middle lobe, but also in both lateral. I can now feel the point of my sound, and by a little manipulation work it into the bladder, without using any force however.

We have already found sufficient cause for all the symptoms, yet in order to be certain that no stone exists, will examine the bladder thoroughly. I cannot detect anything which feels like a calculus, nor can I elicit any sound, and can, therefore, say very positively, especially taking into account all the symptoms, that this man has no stone, but that his difficulty is occasioned by the enlarged gland.

This chronic hypertrophy is a result of increased nutrition, following chronic engorgement, but its cause is difficult to explain. Excessive venery, horseback riding, etc., have been accused of its production, yet there are many cases which none of these will explain. It is rarely found, except in old age, and as the disease advances micturition becomes more difficult, and patients suffer most exceedingly, the urine being frequently retained, and requiring the constant use of the catheter. At times they may be able to pass it themselves; but the slightest cause is sufficient to prevent it, and they will suffer most excruciatingly, unless assistance is at hand to relieve. The portion most commonly enlarged is the middle lobe, which, rising upward, blocks up the urethra, and often renders the canal exceedingly tortuous and difficult of following with a catheter;—a finger in the rectum will give great assistance in such cases.

The results of this condition are often serious, especially upon the bladder, from the constant obstruction to the passage of the urine, thus causing thickening of the muscular walls and chronic inflam-

mation, ending in ulceration of the mucous membrane.

In regard to treatment, you will find many remedies proposed in your works upon surgery, but I regret to say that they will usually have but little influence in reducing the size of the gland. Our chief reliance must be upon palliatives, fomentations, suppositories, or injections, to allay irritation, and the educating of our patient to pass the catheter upon his own person, so that he may be able to relieve himself at any moment. The diet should be of such a character as will produce little irritation, such as milk, with farinaceous articles; generally avoiding meat at night. The bowels to be kept soluble; the body warmly clad, and great care observed to keep the feet dry.

Irritable Bladder.

Case III.—This young man gives us a history of an old gonorrhœa, followed by gleet, which still continues; and he presents a somewhat similar train of symptoms, aside from the discharge, to those we have seen in the preceding cases, that is, a constant desire to pass his urine, together with that peculiar sensation in the head of the penis, which is so often noticed in cases of stone in the bladder; but this feeling is occasioned not by any one special condition, but by anything which produces an irritation upon the nerves about the neck of the bladder, the impression being referred by the central ganglia, not to its seat of origin, but to the peripheral extremity of the nerve.

As I pass a sound down his urethra I find it morbidly sensitive, and there is one point near the orifice of the ejaculatory ducts which is especially tender, as is also a second point situated in the fossa navicularis, where we so often find the seat of the discharge, both depending most likely on a crop of granulations. The exalted sensibility of this man's bladder is undoubtedly due to the extension of inflammation from the urethra; and if we cure the cause we shall probably be rid of the result.

I will not stop to speak of the numerous injections which are used in cases of gleet, but will remind you that the discharge is very often from one of the two points above mentioned, and you will cure your patients best if you make your application directly to these points. The best method of accomplishing this is by the use of an instrument like a catheter, which has running through it a rod, on the end of which is a little mop of cotton. Its application is very simple. First push out the mop from the end of the catheter, and charge it with any solution in common use for such cases. (I prefer the nitrate of silver, 6 to 8 grs. to ℥j.) Then draw it into the catheter. After passing the instrument along the canal until the sensitive point has been reached, push the mop out, and when the parts have been well touched, again withdraw the rod so that the instrument may be removed without cauterizing any other part of the urethra. This applied twice a week, I have found, proves very efficient.

Cystitis.

Case IV.—Here is another man who is also supposed to be suffering from stone, and he presents the symptom of frequent micturition to a marked extent, being unable to hold his urine more than a few minutes at a time during the day, and rising frequently during the night. He has the same irritation referred to the glans penis; suffers much pain in the region of the bladder; pressure in suprapubic region gives pain, and he experiences considerable uneasiness and tenèsmus in his rectum.

His urine is clouded and deposits a thick jelly-like matter upon standing. It has been examined, and has been found to be highly alkaline, and to contain mucus and pus in considerable quantities, with albumen probably as a result of their presence. You will usually find the urine alkaline in these cases of chronic inflammation, not only from the presence of pus, but from the decomposition of the urine in the bladder, since that organ is never completely emptied, and the small portion remaining in the bas-fond, is sufficient to act as a ferment to each drop as it trickles from the ureters.

I pass the steel-sound into this man's bladder also, and find no stone, but I do find the walls of the bladder hypertrophied and rough, giving me the sensation of what is known as a "columniform" bladder, from the retiform manner in which its interior is arranged. This is but an advanced stage of the same disease which you have just seen, *i. e.*, ritable bladder.

In this chronic stage of the disease much advantage may be derived from the employment of rectal suppositories, containing ½ gr. of ext. bellad. and 1 gr. ext. hyoscyam—repeated several times a day; from the use of sod. bicarb. and inf. uva ursi, 5 grs. of the former to f.℥ss of the latter, and by first washing out his bladder every day with tepid water through a double catheter, and then, if necessary, injecting a weak solution of potas. permang.

Stone in the Bladder—Lithotomy.

Case V.—The next case is a little boy, three years of age, who has had marked symptoms of vesical irritation, almost from birth. His principal symptoms are, frequent micturition; sudden stoppage of the current, followed by a free flow; a feeling of weight in the rectum; bloody urine; a tendency to prolapse of the anus; and pain at the end of the penis, which you have seen in so many other diseases; but in stone cases it is more persistent, owing to the constant continuance of the cause. By reason of this pain the child will be constantly pulling at the prepuce, so that you will often find it greatly elongated, and sometimes in a markedly phymosed condition.

See now how often I have presented these some-

what similar symptoms, and remember my injunction always to use physical exploration.

I have examined this patient; know that a calculus is present, and have had him under preparatory treatment for ten days; and while he is being etherized I will give you a few facts in regard to urinary calculi. They are concretions of urinary deposits, which are usually arranged in concentric laminæ around a nucleus which may be a pin, gravel-stone, pencil, or other foreign body, which has passed into the bladder, for you know that children and even men are often foolishly in the habit of introducing various substances into their urethras, from whence they may be drawn into the bladder. Whether there is any suction power toward the bladder I cannot positively say, yet it would seem there is a strong tendency for anything placed in the grasp of these urethral muscles to be passed backward. I need instance but one case in which I have seen it. Upon one occasion, having no catheter with me, I introduced a short gum instrument into a man's urethra for the purpose of drawing his water, and although it seemed to be sufficiently long, yet the moment that I released it from my grasp it was missing, and I could discover that its extremity was two inches from the glans. It was only with great difficulty that I succeeded in capturing it.

These concretions vary in their constitution, but the most common form is the uric or lithic acid calculus, it being found in nearly two-thirds of all the cases. The oxalate of lime or mulberry concretion comes next in order of frequency; and next we have the phosphatic, consisting either of phosphate of lime or triple phosphates, or both, in which latter case they are known as "fusible calculi," from the readiness with which they melt before the blow-pipe. There are other rare forms, which you will seldom meet with.

These concretions usually originate in the kidneys, where they soon set up an irritation which manifests itself by pains in the loins, and occasional attacks resembling colic, which continue until the body slips into the ureter. Now, if it be small, it may pass on down into the bladder, and even out the urethra without even the knowledge of the patient; but if it be of such size as to block up the ureter, then will follow a most violen set of symptoms known as *nephritic colic*. These may be mild, but are often severe, and consist of pain extending in the direction of the ureter, nausea and vomiting, violent contraction of the cremaster muscle, drawing the testicle almost up to the external abdominal ring, a sense of constriction at the umbilicus, tenderness in the supra-pubic region, and if long continued, restlessness, rigors and extreme prostration, all of which may be followed by sudden relief owing to the dropping of the stone into the bladder.

For the relief of this distressing condition, our chief reliance must be upon anæsthetics, though we may put our patients fully under the influence of opium, and thus give relief. Still, ether is much more speedy and is also more favorable to complete relaxation. The stone having reached the bladder, may pass out the urethra in the course of the next twenty-four or thirty-six hours, and for the furtherance of this object we should give mild diuretics; but do not give these until you know that the stone is in the bladder; for should it still be blocked up in the ureter, such a course would produce distension behind such point, and perhaps even rupture.

Should the calculus remain in the bladder, however, it gradually increases in size from the deposition of successive layers of salts upon it, and the symptoms already detailed follow, which are liable to be aggravated in spells, when great constitutional disturbance sometimes exists, with hot, dry skin, and parched tongue; at which times the patient is said to be laboring under a "fit of the stone." These can only be controlled by hot baths, warm fomentations, anodyne injections or suppositories, or sometimes anæsthetics, when severe.

These continued attacks finally manifest their baneful influence upon the health of the patient, and he becomes more feeble. The urine is now more muddy and contains blood and pus, while portions of stone may sometimes be discovered.

I will now again test this little boy for stone, since it should be an undeviating rule not to operate unless the calculus can be felt at that time; and in order to do this we will first distend the bladder by an injection of flaxseed mucilage, as the stone can thus be easier detected then when the walls are in opposition. I fasten this sounding board to the handle of the sound, and I am sure you can all detect the click of the instrument upon the stone. Having thus decided that the stone is present, we are ready to extract it, and this will be done by the method known as the "lateral operation." The operation for stone in the bladder is rightly called one of the "major" operations in surgery, for it requires not only good surgical skill, but also demands a thorough and accurate knowledge of the anatomy of the parts concerned, as well as good judgment and a due understanding of the difficulties to be encountered, for ere your operation is finished you will be working at the bottom of a deep cavity, far out of sight, and surrounded on all sides by important structures. Your anatomy then should be accurately studied and kept constantly before your mind's eye, or you will find yourself perplexed and bewildered, and may even fail of entering the bladder. It would be wise were these operations practiced more frequently upon the cadaver, in which case, I am certain, less failures would occur.

Let us look then at the anatomy; and, that I may

make it more plain, I will use these models, which are taken from actual dissections, and are, therefore, nearly accurate. The perineum, you will remember, is divided into two portions: an anterior or urethral or true perineal portion; and, a posterior or anal portion. It is a lozenge-shaped region, bounded in front by the arch of pubes; behind by the coccyx; and upon the sides by the rami of the pubes and ischia, the tuberosities of the ischia, and sacro sciatic ligaments, or it corresponds to a line which would define the inferior outlet of the pelvis. Its antero-posterior diameter measures about four inches; its transverse, from tuberosity to tuberosity about three inches. The only opening is the outlet of the bowel, and upon either side of this are the ischio-rectal fossæ, bounded by the tuberosities upon the outside, and extending upward to a depth of several inches, all of which is occupied by a loose connective tissue filled with fat, which can all be cleansed out in a dissection, without using the blade of the scalpel. These fossæ are triangular-shaped cavities, bounded upon the outside by this shining membrane which you see in the model, the obturator fascia, covering the obtur. inter. muscle; on the inside by this other delicate white membrane, the levator ani fascia, covering a muscle of the same name. At the opening of the bowel is the sphincter ani muscle, or rather there are two muscles of this name: one situated just at the verge of the anus, the superficial sphincter intimately blended with the skin; while the other is placed higher up, and is called the internal sphincter. The anterior boundary of this space is formed by the middle perineal fascia, as hereafter described; the posterior by the gluteus maximus and the great sacro-sciatic ligament. Its apex is upward at the junction of the obturator and levator ani fascias. In this space we find the inferior hemorrhoidal arteries, the inferior hemorrhoidal plexus of veins, and nerves of the same name.

The anterior perineum is all that portion in front of a line connecting the tuberosities of the ischia. It is triangular in shape, and is divided in the centre by a white line—the raphe. As we dissect this space (and I will do it before you upon the model), we find it covered by three fascias, and as I have always found that great confusion exists in the minds of students as to the course of these, I think I can simplify it to your minds by calling them all "perineal fascias," the same as I would speak of brachial fascias. I shall call them, then, *superficial*, *middle*, and *deep perineal* fascias. The first is found directly beneath the skin, the same as in other parts of the body, contains all this fat, and is continuous with the superficial fascia of the neighboring parts.

(*To be Continued.*)

PHILADELPHIA HOSPITAL.

Monday, Nov. 30, 1870.

Surgical Service of JOHN H. BRINTON, M. D., Lecturer on Operative Surgery in the Jefferson Medical College. One of the Surgeons to the Philadelphia Hospital and Surgeon to the St. Joseph Hospital.

(REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.)

Trichiasis and Distichiasis.

This woman, gentlemen, presents an appearance that you will frequently witness. Look at her eye; observe the conjestion of the conjunctiva, the swelling of the palpebral margin, the profuse lachrymation, and the vascular, softened, and opaque condition of the cornea. This eye is in a state of intense irritation, and the patient's distress is extreme. Perverted direction of the eye-lashes has caused all this trouble.

If you look upon the drawing on the table, you will see an outline of this deviation from the normal direction of the lash. In the lashes of the upper lid, the ones at fault here, the normal direction is first downward and forward, and then a curve upward. Here the lashes are turned backward upon the cornea, and act as foreign bodies. Such a condition is known as trichiasis. Distichiasis, which is also present in this case, is a form of trichiasis in which the mal-directed eye-lashes form a second row, which is distinct from the others. These wild hairs, pseudo-cilia, as they are called, are usually found in groups; they are often white or colorless, and are apt to escape observation unless sought for carefully. In all cases where such a state of things exists as I am now exhibiting to you, I advise you to examine the lids closely with a lens, placing the patient sideways to the light, so that the hairs shall stand in profile. We may also have the lashes irritating the ball of the eye from a condition known as entropium, or inversion of the eyelids. Here the long axis of the hair may be right, but the turning in of the lid brings them, as in the previous case, in contact with the eye-ball, and mechanical irritation is the result.

The treatment in all these cases consists in getting rid of this mechanical irritation. This may be done by 1st. Evulsion or epilation—the pulling out of the hairs. 2d. By evulsion, combined with cauterization, to destroy the hair bulbs and prevent the redevelopment of the cilia. 3d. By dissecting away that portion of the tarsal margin from which the eye-lashes grow. In this case I shall pull out the offending hairs with a pair of small forceps, and resort to no other treatment at present.

[The result of the operation for external hemorrhoids, removed by the écraseur at the last clinic, was here shown. The cure was complete. Dr. B. always cuts off or incises external piles and ligates internal ones.—R. M. T.]

Sinuses.

I now bring before you two men suffering with sinuses. The first resulted from a fall, and is upon the anterior portion of the tibia. The second is over the olecranon process, and followed erysipelas of the elbow. Now, whenever you are about to open the track of a sinus, be sure first to find the right track. If you force an opening with your probe or director other than the right one, and then slit up the canal you form, such procedure will have no effect upon the original sinus. Use a straight knife in these operations. My experience with curved-bladed knives and needles is that you stand as good a chance of cutting yourself as the patient. You know the character of sinuses. They are apt to become lined with a membrane almost mucus in its character; pus secreting, and which precludes all attempts at healing until it is removed or destroyed. After opening the parts, stuff them with lint to induce deep-seated granulation.

[Sinus in both these cases here laid open, the tracts scraped out and plugged with greased lint.—T.]

Stricture.

This patient is æt. thirty-two years. Four years ago he had some sort of an opening in his perineum. He did not know what that came from. A little later he had a discharge from the end of his penis; it was gonorrhœa, and he did know its source. He presents himself to day with a multitude of troubles; among others, an urethral stricture, and a tight one; a sinus at the verge of the anus; and a bad anal fistule. The latter I will not touch to day. The first, being located at the external meatus, I will cut. In these cases of stricture, at the meatus I make it a rule to cut three times, viz.: directly downward, and on each side; I then keep the orifice from contracting by the daily passage of a full-sized sound; the perineal sinus I will lay open.

[These operations were performed.]

Concealed Chancre and Phymosis.

This man, æt. 20, has suffered from a chancre for two months; but a condition of phymosis intervening, it has been found impossible to reach the sore. The rule in these cases is not to operate hastily. The mere suspicion of an ulcer within the hidden folds of the mucous membrane is sufficient to induce great caution in resorting to an operation which may be followed by inoculation of the edges of the wound. But the adhesions that have formed here, and the progress of the case to bad instead of better, point it out as an exception, and one where the use of the knife is justifiable.

[Here the perpuce was slit up by means of a bistoury carried along a director.—T.]

In circumcision, after cutting off the redundant prepuce you will see the skin retract while the mucous layer still clasps the head of the penis. This is due to the anatomical structure of the part. The prepuce is composed of two layers, separated by cellular tissue of such lax texture as to admit of an almost indefinite amount of motion between them. The internal or mucous layer is firmly attached to the penis posterior to the corona glandis, and hence is incapable of being drawn forward to any great extent in front of the glans. The external or integumental layer, on the contrary, is continuous with the flaccid skin of the body of the penis, and may be elongated almost indefinitely; its anterior portion doubling in upon itself as the posterior is drawn forward. It follows from this anatomical arrangement, that a section of the prepuce in front of the glans includes much more of the integumental than of the mucous layer of the foreskin.

Here, although I do not perform circumcision, you see a modification of the conditions I have described. Slitting up the prepuce allows the foreskin to be drawn back over the head of the penis, the mucous layer having, by the exercise of some degree of force, to be peeled off. I find here one or two small sores which I cauterize with acid to prevent any auto-inoculation of which they may be capable. I trim off the dog-eared corners of the prepuce, cut away the indurated mucous membrane down to the frenum, and tack the resulting collar of membrane and skin together by means of the interrupted suture, using fine flossed silk for the purpose. The patient will then be kept in bed.

I shall as far as possible guard against inconvenient erections by the administration of opium and camphor by the mouth, and by the use of a suppository of half a grain of the watery extract of opium, and one grain of the extract of belladonna.

The last case that I shall bring to your notice to-day is a man, æt. 45, who has frequently importuned me to amputate his leg. You see he has many sinuses about the ankle, and that the tissue is indurated and painful. I have been laying open the sinuses, exposing them to the air and then packing them. Such procedure has been of some benefit, but the man yet suffers acutely.

[The patient being placed under ether, the probe and digital examination revealed a large tortuous sinus running posteriorly between the tendo Achillis and the deep muscles. Another sinus had dissected its way down by the side of the ankle to the sole. Others had burrowed externally, and over the dorsum of the foot. No diseased bone or periosteal trouble could be detected. All these sinuses were divided, points of counter-puncture were made, and an abscess in the sole freely incised. The lecturer stated that he hoped but little from this operation, as the general disintegration of the soft tissues and tendinous sheath of the leg and foot was so great as almost to preclude the possibility of the preservation of the limb. Yet, as a matter of duty to the patient, and to give him every chance, the present conservative attempt was made before resorting to an amputation.—R. M. T.]

Medical Societies.

MEDICAL SOCIETY OF VIRGINIA—SECOND DAY—MORNING SESSION.

Reported by Dr. Horner.

(*Continued from page* 433.)

The Society met at 7 o'clock, pursuant to adjournment. President Payne in the chair. Prayer by the Rev. Dr. Minnegerode. The minutes of the last meeting were read and approved. The Committee of Business appointed were Drs. Fauntleroy, Wellford, Brown, Blackford, Gillespie and Horner.

The committee on the resolution of Dr. Blackford in relation to the tender of beneficiary scholarships, etc., reported that they had been unable to agree, and referred the matter again to the consideration of the Society. A motion to lay on the table was lost. Several substitutes to the resolution were offered, and finally, with the original proposition, withdrawn, whereupon Dr. Houston offered the following:

Resolved, That the members of the Medical Society of Virginia will sustain the medical schools of this State in every laudable effort to raise themselves above the level of the low and elemosyenary system of education at present in vogue in some of the medical schools of the country.

Adopted.

On motion of Dr. Fauntleroy, a committee was appointed to memorialize the Legislature upon the subject of the establishment of a board of medical examiners; and,

On motion of Dr. Gillespie, the same committee was instructed to petition the General Assembly to pass a law authorizing liens on property to secure medical fees, as in the case of laborers and manufacturers.

On motion of Dr. Fauntleroy, it was

Resolved, That three committees be appointed to report on the epidemics of their respective divisions of the State—one for the tide-water district, another for the country lying east of the Blue Ridge, and a third for the valley.

Resolved, That the Society will, at each annual meeting, appoint two fellows to read essays at the subsequent one, upon subjects to be chosen by themselves.

Resolved, That there shall be annually chosen a subject for discussion at the next meeting.

The Code of Ethics of the American Medical Association was adopted by the Society, and delegates appointed to attend the meeting at San Francisco.

On motion of Dr. Horner, it was

Resolved, That the thanks of the Virginia Medical Society are hereby tendered to the Faculty and members of the medical profession of Richmond, Va., for their kind reception and hospitality to the members of the Society on the occasion of the late meeting.

Unanimously adopted.

Dr. L. D. Edwards moved that when the Society adjourn, it adjourn to meet in the city of Lynchburg, at the call of the executive committee.

Agreed to.

On motion, the Society adjourned till 9 o'clock, P. M., to meet at the hall and proceed in a body to partake of the hospitalities tendered by the College Faculty.

During the entire proceedings of the meeting of the Society, which was adjourned at the hour appointed, the utmost harmony and good feeling were conspicuous; all political tendencies were cautiously avoided; the attendance was, large and the future of the profession in Virginia could not be more flattering.

NEW YORK ACADEMY OF MEDICINE.

December 1, 1870.

The different officers of the Society presented reports, with their resignations. Nominations were made for the ensuing year. The election will take place at the next meeting.

New Method of Occluding Vessels.

Dr. Speir, of Brooklyn, presented an instrument to be applied to the vessel, either in continuity or to a section, with the aim of so constricting the vessel as to rupture the internal or middle and external coats. This being accomplished, retraction and contraction will take place, and a coagulum will form. Dr. Speir showed specimens from the horse, dog, and human subject; also from the cadaver. The instrument is composed of a canula which incloses a tractor. The tractor is nothing more than a hook which grasps the artery, and crowds it against the end of the canula.

Phthisis and Tuberculosis.

For several sessions past, discussions have taken place at the Academy in respect to the latter and former views of pulmonary phthisis.

At the present meeting Dr. Loomis read a paper on the above subject. He said that so far the discussion on this subject has been somewhat partisan in its character. Some adhering to Lænnec's Tuberculosis, and others to Niemyer's phthisis.

Niemyer was by no means original in his views, merely a collector and exponent of the German school of pathology.

The question now to be settled is, shall we retain *phthisis* or *tuberculosis*? Medical theories are useless, and nothing beyond. Clinical experience and pathological anatomy can have the slightest weight. His own experience led him to incline to the opinion laid down by Niemyer.

Four hundred autopsies were held in the Belle-

vue dead-house from May to December, 1869. Dr. E. G. JANEWAY, one of the curators, and a gentleman of unsurpassed pathological research, has analyzed them with the following result: 63 were phthisis, 38 contained cavities; in 53 lobar pneumonia was discovered. Only four showed presence of general tuberculosis, and but four gave evidence of tubercular meningitis. In 34 fibrous induration existed.

To sum up, it may be said that cheesy pneumonia and fibrous induraton were of most common occurrence. In every case of general tuberculosis, cheesy matter was found in some part of the system. Usually the bronchial glands were in this state. One case was an apparent exception to this: A young male, the subject of a coroner's inquest, and from whom no history was obtained, showed evidence at the autopsy of general tuberculosis. No cheesy condition could be discovered in the whole of the system.

Dr. JANEWAY accidentally noticed a piece of red flannel around the leg, and on examining found caries of head of tibia with cheesy degeneration.

Dr. LOOMIS was of the opinion that in those cases of tuberculosis where no such condition appeared to exist, in all probability a thorough examination had not been made. He cited also the well-known experiments of the injection of tuberculous matter, aniline, etc., in which tuberculosis resulted, and was of the opinion that tuberculosis arose in some unknown way from this cheesy matter acting as emboli. He thought, also, that the inheritance of phthisis was really the inheritance of a vitiated constitution, ready to take on any morbific action.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of Alcohol.

Prof. H. S. CHEEVER, M. D., reports twenty-eight experiments in the *Michigan University Medical Journal* on the effect of alcohol on animal temperature. He concludes thus:

If now we take the seven experiments with 95 per cent. alcohol given in doses of from two to four drachms to three different persons, we find that in three cases the agent exerted no influence; in three more it appears to have lowered the body temperature from 0.5° to 0.7°, while in one its influence is uncertain. It is noticeable that in the three cases where the temperature declined the fall was less when the head was disturbed than when it was not.

Taking the six experiments with an ounce of brandy we find that the temperature was raised in two cases, declined in one, and was not particularly affected in three.

Observing the three experiments on three different persons with two ounces of undiluted sherry wine, we find no perceptible influence in either direction.

In the three experiments on three different persons with two ounces of brandy we see that the temperature was raised in one case, and possibly in another, while in the third it was apparently not affected by this agent.

Taking the four experiments where four ounces of sherry wine were given to each of four individuals, we find that in two there was no perceptible influence exerted by this agent on the body temperature, in one it was raised and in another lowered. In the last case there was considerable disturbance of the head.

In the first case, where a pint of ale was given, the body temperature was elevated, while in the second it was not particularly affected.

In the three cases where brandy was taken in divided doses during the day the body temperature was higher in proportion to the air temperature than on the days when no brandy was taken.

On looking over these results we see that in thirteen the body temperature was not apparently affected; in eight it was raised; in five lowered, and in two the result is uncertain. Even in cases where sufficient alcoholic liquor was given to moderately disturb the brain, the results are not uniform, the body temperature being raised in some cases and lowered in others.

Taking all the facts here adduced into consideration we must conclude:

1st. That non-poisonous doses of alcoholic liquors have but little if any influence upon the body temperature of man.

2d. That this influence, when exerted, is not uniform, but varies with individuals and liquors.

3d. That this influence alone is not sufficient to indicate or contra-indicate the use of this agent in any case.

Treatment of Cholera Infantum.

Dr. J. R. BLACK, of Ohio, gives the following direction to treat cholera infantum, in the Cincinnati *Lancet and Observer:*

To arrest vomiting no remedy equals calomel in from one-fourth to one-eighth of grain doses, mixed

with a little prepared chalk, and given every two or three hours, administered, if possible, just after emesis. The drink to allay intense thirst ought to be given often, ice cold, and in small quantities. Sometimes it is better to put a sprig or two of mint in it, or when there is great intestinal irritation, the bark of slippery elm. Later, when the prostration is great, I have seen very happy effects from the use of equal quantities of ale and water as a drink. The little patient will cling to the vessel containing it, and reject the one containing pure water when they have the chance of preference. I can not speak too emphatically of the soothing, toning influence of this mixture in cases of extreme debility.

The discharges from the bowels are usually at the onset of the disease, watery, floccy or frothy, sometimes exhibiting bright green tints. The calomel in small doses will change the evacuations for the better in a day or two in nearly every case, and after vomiting is somewhat arrested, and the intestinal discharges remain copious and frequent, to combining it with two or three grains of sub. nit. bismuth answers an excellent purpose. This checks as well as thickens the evacuations.

After the stomach becomes retentive, the thirst less intense, the heat of the head lower, the eyes fully closed in sleep, and the intestinal evacuations tinctured with bile, these measures may be suspended, or be carried out less frequently, and others adopted in accordance with the exigencies of the case. If the evacuations are yet too frequent, attended with considerable pain, the chalk mixture with paregoric will restrain them in a very admirable manner. If digestion is very imperfect, which it is almost certain to be, pepsin wine immediately after partaking food, as recommended by Dr. Reeve, is of great benefit. If to the same conditions these are superadded, flatulence and diminished tone, the aromatic syrup of rhei, guarded by a little paregoric, will be found to render efficient service in progressing the cure. In the way of nourishment nothing equals milk and lime water, and for the advanced stages, mutton broth, with tapioca, or blanc mange when the tongue is not dry.

During treatment close attention should be paid to pure air, which, too often unattainable in cities, may be readily secured by removing to the suburbs or the country.

I have been led to present this mode of treating cholera infantum not from its novelty, but from its simplicity and success. No doubt others may think the same of theirs; and if so, may peruse the above mode more from curiosity than for information. But there are others, especially junior members of the profession, whose mode of treating this disease may not be all that they could desire. It was so once with myself, and I would then have been grateful for suggestions, which would have tended to make its management in this region and civic conditions more efficient. There are also those who treat this affection with castor oil and paregoric, a line of treatment often very offensive to an irritable stomach, and which I have seen superceded by that above narrated to the immediate relief, and amendment of all the symptoms. Again, the opiate and astringent plan, even during the height of the febrile movement, is in favor with others. I can not help regarding this mode as highly mischievous. Brain complications, visceral engorgements, an increase of fever, a greater fatality or a prolongation of the struggle with disease are the almost invariable results. I speak on this from personal observation, a mode which I was years ago led to adopt from the plausible way of reasoning upon the indications of cure in cholera infantum, namely, to subdue irritability, and diminish excretion.

The Use of Quinine in Pregnancy.

The following case is reported in the Richmond and Louisville *Medical Journal*, by Dr. JOHN B. ROBERTS, of Georgia:

Salome Taylor, colored, æt. about 26 years, average weight 135 lbs.; had always been healthy up to July, 1867, when she was taken with chills and fever (as that disease was prevalent in this section of country then) while about two months advanced in pregnancy. She continued to have chills at intervals, until February, 1868, when she was delivered of a female child, and the chills disappeared. Her attending physician, Dr. H., gave her a great deal of quinine, and in such large doses that it affected her hearing, and at one time, during a period of three weeks, she was not able to hear at all, but was perfectly deaf. I was called in a short time ago to see the child of Salome that was delivered in February, 1868, and soon ascertained from her actions and the statement of her mother, that she was deaf. She is the fourth child, perfectly healthy and sound every way, except her hearing. She can laugh, cry and make a noise as loud as any child, but don't try to talk, only to herself while at play and then you cannot understand her. I have known Salome and her husband for several years, and have traced their families back as far as I could, and can find no hereditary disease or any cause whatever why this child should be deaf, unless caused from quinine.

Medical Patents.

The editor of the *Richmond and Louisville Medical Journal*, Dr. GAILLARD, says on the subject of patenting surgical implements: The practical man accepts the world as he finds it: this constitutes the difference between himself and the Utopian dreamer. A practical view of this subject is the view

adopted by practical men, and practical legislators, in connection with other avocations. Reasoning thus, it is certain that nothing has so benefited the poor as the labor-saving machinery of the present day, and this has been chiefly invented because the inventor was sure of a competent reward. Destroy the system of patents which secures to all men, but physicians, a reasonable reward for their ingenuity, and the teeming halls of the Patent Office would be at once deserted; the great wheel of mechanical progress would be arrested; and the many labor-saving machines, bringing increased comfort to the poor and needy, would cease to spring from the toiling laboratory of the inventor's brain. It is, in the judgment of the writer, almost a certainty that the patenting of surgical instruments and appliances would increase rather than in any respect diminish the comforts of the poor in their sickness and affliction, and it would give remunerative employment to thousands in and out of the profession, who are now practically idle and socially unremunerative.

Flora of New Hampshire.

Dr. NATHAN BARROWS, of Claremont, N. H., says the flora of the State is characterized by the abundance of willows, duck weeds, pond weeds, ladies' slippers and ferns. We have fourteen hundred and forty-seven flowering plants, and four hundred and ten of the lower orders, making a total of nineteen hundred species of plants in the State. The summits of New Hampshire are said by the doctor to be islands of arctic vegetation having no parallel this side of the Mississippi. Over fifty are found nowhere else in New England, four being quite common on the very tip top of Mount Washington. All are perennials and are in no wise dwarfed. Seventy-nine per cent. of them are found on similar summits in Europe.

Reviews and Book Notices.

BOOK NOTICES.

The Transactions of the American Medical Association. Vol. xxi. Philadelphia, 1870, pp. 612.

Few American physicians will look over this volume without experiencing mingled sentiments of pleasure and regret, pleasure that it comprises so much of new and useful in science, regret that there is such obvious neglect of some branches, and such inferiority in some of the communications. The regret will be most keen on reading the minutes, and seeing how bigotry, and envy, and strife are there spread upon the record. There we see distinguished men of our noble profession quarreling and chicaning like political hucksters and spiteful fishwives; we see a medical Philistine who would muzzle the scientific press and blacken the characters of men as honorable as himself, by rushing through an ambiguous resolution about medical literature without discussion; while, meantime, the scientific sections are unable to act on papers for want of a quorum!

In the papers presented to the sections there is a good variety, and several are highly instructive. We can but glance at some of the more important. Dr. JOHN CURWEN has a report on the proper treatment of the insane, embodying the most modern views on this important question. In a paper on median lithotomy, illustrated with engravings and a number of cases, Dr. JAMES L. LITTLE, of New York, calls attention to the value of this somewhat neglected operation.

Prof. S. D. GROSS describes a form of neuralgia of the jaw bones not hitherto recognized. His observations on these points have already attracted considerable attention, both in this country and Europe. Dr. SAMUEL LOGAN explains a new method of reducing dislocations at the shoulder joint, for which he claims certain advantages over the procedures now in vogue. A curious case of formation of bone in the eye is detailed by CHAS. M. CARLETON, M. D. Dr. J. N. QUIMBY, of Jersey City, well known to our readers as a contributor to THE REPORTER, describes a new mode of amputation at the ankle joint—and Dr. JOSEPH G. RICHARDSON, of this city, has some original observations on the celular obstructure of the red blood corpuscles, and Dr. E. M. MOORE, a new method of lithotrity, which, however, he explains too obscurely. The well-known Dr. WATTERS has a communication on his favorite topic, the doctrine of physical and vital force. It is long, much of it a repetition of views already familiar, and in parts too scholastic. The State reports on Pennsylvania by the veteran Dr. D. F. CONDIE, and on Illinois, by Dr. R. C. HAMILL, are both excellent. Intra uterine injections are discussed briefly by Dr. J. BYRNE, of Brooklyn. Dr. NATHAN ALLEN has about thirty pages on the physiological laws of human increase, iterating anew those views and arguments which we have from the outset declared to be erroneous and deceptive, in which view we have lately been supported by some high authorities. Dr. C. C. COX, as usual, gives an admirably composed report on Necrology. The prize essay, elaborately illustrated, is by Dr. BENJAMIN HOWARD, and is upon the treatment of aneurism. It is an original and careful production.

Secretaries of Medical Societies

Will confer a favor by communicating with us, and giving the name of the society of which they are Secretary. We will try and make it an object to them to do so.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 17, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send a copy of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

ANNUAL REPORT OF THE SURGEON GENERAL.

As usual, the report of the medical department of the army contains much which is of general professional interest. In the list of expenditures we find $19,870 for artificial limbs for officers solders and seamen—a most judicious appropriation.

The monthly report of sick and wounded represent an annual average mean strength of 29,022 *white*, and 3,047 *colored troops*.

Among the *white troops* the total number of cases of all kinds was 62,580, being at the rate of 2,156 per thousand of mean strength. The total number of deaths reported was three hundred and seventy-four, or twelve per thousand of mean strength. Of these, two hundred and forty-nine, or eight per thousand of strength, died of disease, and one hundred and twenty-five, or four per thousand of strength, of wounds, accidents and injuries. The above mortality rate for *white troops* from disease shows a considerable improvement over the ratios of former years.

The comparatively large mortality from wounds, accidents and injuries, is explained by the Indian hostilities, which still continue to exist. It is to be regretted that the figures representing the mortality from disease among the *colored troops* are not so favorable.

The proportion of deaths from all causes to cases treated was one death to one hundred and sixty-seven cases.

The reports from the *colored troops* give the following figures, which do not include the white officers: The total number of cases of all kinds reported was 6,206, or 1,822 per 1,000 of strength.

The number of deaths from all causes reported was sixty-six, or nineteen per thousand of strength. Of these, fifty-one, or fifteen per thousand of strength, died of disease, and fifteen, or four per thousand of wounds, accidents and injuries. It will therefore be perceived that, while the rate of mortality from wounds and injuries among the *colored troops* agrees with that among the *white troops*, their mortality from disease alone is nearly double. The proportion of deaths from all causes to cases treated was one to ninety-four cases.

Three thousand and twenty-nine photographs were printed, one hundred and six wood cuts were made, one hundred and fifty-three pages of the Surgical History, two hundred and seventy-two pages of the Appended Documents to the Medical and Surgical History, and fifty-nine histories of photographs, or abstracts of cases to accompany photographs, were printed.

The printing of the Medical volume of the first part of the Medical and Surgical History of the War is near completion. This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on Surgeon's Certificate of Disability, of *white* and *colored troops* during the war, and will be a work of nearly seven hundred and fifty pages, quarto. To secure accuracy, the tables were stereotyped as they were finished, and before

finally sending them to press they have been thoroughly revised throughout, and every effort made to attain accuracy. With this volume will be bound the appendix to the first part of the Medical and Surgical History of the War, containing the reports of Medical Directors, and other appended documents—about four hundred pages.

The whole of the manuscript for the Surgical volume of the first part of the Medical and Surgical History of the War, is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative wood cuts and lithographs) of twenty-nine thousand five hundred and seventy-two cases of amputations, and four thousand seven hundred and seventy-five excisions, are nearly perfected. Besides this, the surgical statistics of the army for the five years succeeding the war have been consolidated and arranged for publication, and much information has been furnished to authenticate just claims of applicants and to defeat those that were fraudulent under the Act of Congress authorizing the issue of artificial limbs to mutilated soldiers and seamen. The effect of this law, in bringing to Washington a large number of pensioners to present their claims, has permitted the study of the remote effects of injuries and mutilations. The peculiar value which the surgical data of the late war have acquired in consequence of the measures taken to trace the ulterior results of the more important cases cannot be over-estimated. In the reports of the surgery of European wars, and of campaigns in India, Abyssinia and elsewhere, the history of cases terminate when the men were invalided or discharged. Although the elaborate reports of the casualties of the French armies in the Crimean and and Italian Wars were published in 1865 and 1869, after an interval of ten years from the conclusion of hostilities in each case, no information is given subsequent to the date of discharge or pension.

The collection of the Army Medical Museum were augmented by the additions of one hundred and nineteen specimens to the Surgical Section, seventy-three to the Medical, seven hundred and sixty-six to the Microscopical, one hundred and sixty-nine to the Anatomical, one hundred and forty-four to the Section of Comparative Anatomy, and eleven to the Miscellaneous Section. The number of catalogued specimens at the date of the last annual report was twelve thousand two hundred and twenty, and is thus increased to thirteen thousand five hundred and two.

There has been a very steady and uniform increase in the various collections of the Army Medical Museum. The Indian hostilities, and the accidents of the field, and camp, and garrison, have afforded the opportunity of collecting some illustrations of the injuries inflicted by weapons—a class of specimens in which the Museum is already surpassingly rich—but the more numerous contributions to the surgical section have been of specimens illustrating pathological processes, or the remote effects of injuries.

The collections now include eight hundred and ninety-seven human crania, and thirty-four skeletons. Elaborate tables have been prepared, exhibiting their measurements. The diameters, facial angle, internal capacity, and position of the *foramen magnum* are indicated for each cranium. We hope that the publication of this important contribution to anthropological knowledge will be authorized by Congress. The Museum possesses a larger number of skulls from tumuli, and of crania of North American Indians, than are elsewhere collected, and it would appear due to ethnologists throughout the world that descriptions of the specimens should be published, as was done by the Russian Government for the collection of Professor von Baër at St. Petersburg.

The number of visitors to the Museum who registered their names during the year, was 17,669. Among them were many officers of the U. S. Army and Navy, and European Army and Navy officers, students and scientific men of different countries, several of whom came there expressly to examine and study the collections.

At the date of the last annual report two vacancies in the grade of Surgeon, and forty-two in that of Assistant Surgeon, U. S. Army, existed. During the past year four Assistant Surgeons have resigned, and as the Act of Congress, dated March 3, 1869, still continues in force, no vacancies have been filled. Total number of vacancies at present time, two Surgeons and forty-six Assistant Surgeons. The number of commissioned medical officers available for duty with troops on the 30th of June, 1870, was one hundred and forty seven.

The estimated number of troops in service at that period was thirty-two thousand, four hundred and twenty-nine. There were two hundred and seventeen military posts, besides numerous detachments serving in the field and on outpost duty, each requiring a medical officer.

Throughout this very able report we see ample testimony to the energy and high scientific acquirements of the medical staff of the U. S. A., and its chief officer. Accompanying the report is a memorandum referring to extracts from letters, reviews and bibliographical notices of the various publications of the Surgeon General's office, which shows how highly they are appreciated throughout the civilized world.

Notes and Comments.

Dr. S. W. WETMORE, of Buffalo, has accepted the call made by the faculty of the University of Wooster, Cleveland, Ohio, in the Medical Department of that institution, as professor of Descriptive and Topographical Anatomy.

A Shock of Corn Fully Ripe.

JOHN BACOT, the Senior Fellow of the Royal College of Surgeons of England, of which he had been nearly seventy years a member, died recently in England, at the age of ninety. He was formerly one of the editors of the *Medical and Physical Journal*, and was prominent at all times in the medical benevolent societies of Great Britain. He was Inspector of Anatomy for London for many years, and left a son in the profession, who has himself recently retired as Honorary Deputy Inspector-General of Hospitals, after twenty-six years' service.

A Good Private Asylum.

For a quiet, comfortable home for the invalid, with beautiful surroundings, and a most efficient superintendent and physician, we know of none superior to that of Dr. GIVEN. It was formerly called Clifton Hall, but now Woodbrook. The post-office is Kellyville, Delaware county, Pa., and we can heartily recommend it from personal knowledge.

New York Society for Relief of Widows and Orphans of Medical Men.

The New York Society for the Relief of Widows and Orphans of Medical Men, had its annual dinner on Monday evening, Nov. 28th, at Delmonico's. About 150 gentlemen were present. Oliver White, M. D., presided. Speeches were made by the chairman, and by Judge Pierrepont, Chancellor Crasby, Judge Clerke, Surgeon John Moore, U. S. A., and others. The receipts of the society during the past year amount to $9,219.94, of which $2,200 was paid in annuities. There are now $82,000 in the Treasury.

Georgia Medical Companion.

This is to be the title of a new medical journal in the cotton zone. The editors, Drs. T. S. POWELL and W. T. GOLDSMITH, of Atlanta, say in their announcement:

"The necessity for the publication of a medical journal in this section of the country, to serve as a medium through which the rights and interest of the entire profession may be independently advocated, is too apparent to require argument.

"It will be the object of the undersigned to so conduct this journal as to make it at once, to every physician, *a practical adviser and medical companion*, where he may obtain the experience of his professional brethren from every section of his own or foreign countries."

Terms of subscription—One copy, one year, $2.00. To clubs of five subscribers, an extra copy will be sent gratis.

Female Medical Students.

The female medical students at the Edinburgh University, seven in number, are now complaining bitterly that the wards of the Royal Infirmary are closed against them. Having secured the right to study medicine, to matriculate and to enrol themselves as students of medicine—positions that were hotly contested—the ladies contend that they are entitled to be present at the clinical lectures. The objection advanced by the lecturers is the inconvenience of treating certain subjects before a mixed audience of young men and women, and five hundred of the male medical students, assigning the same reason, have petitioned the managers of the Edinburgh Infirmary to persevere in the policy of excluding the females from the clinics. On the point of "delicacy" started by the male students, the seven female students, through their spokeswoman, Miss Sophia Jex Blake, argue that a large proportion of the patients in the infirmary being women, and women being present in all wards as nurses, there can be nothing exceptional in the presence of women as students. Miss Blake also contends that no objection can be raised against women attending clinical teaching, even in male wards, which does not apply with equal force to the instruction of male students in the female wards. The majority of the clinical lecturers are opposed to

admitting ladies at all, four are willing to admit them along with male students, and three are in favor of teaching them, though at a different hour from the males. It is believed that the difficulty will have to be compromised, and that eventually the seven female medical students will receive clinical instruction, but at a different hour from the males.

"I've Done the Deed."

It is a repetition of the old, old story. The cases of homicide by insane persons increase rather than diminish. How happy such persons as the writer of "Lettre de Cachet" should be? In Illinois, near Chicago, on the night of the 7th, an insane wife murdered her husband while he was asleep, by beating his skull in. "I've done the deed," said she, as help came when it was too late.

Hydrangea Aborescens.

We have frequently called attention to this plant as a remedy for the removal of sabulous and gravelly deposits from the bladder. It has also been found useful in other affections of the bladder. (See *New Jersey Medical Reporter*, vol. iv, p. 44; and vol. vii, pp. 393 and 416.)

A correspondent in Alabama, Dr. JOHN H. PARRISH, writes:

"Since the year 1853* I have occasionally proscribed hydrangea aborescens in my practice, and with very satisfactory results. I have occasionally had a preparation that proved utterly worthless, while another preparation would prove very useful to the same patient. Is this difference in the effect of the medicine to be attributed to the mode of preparing, the season in which the plant is gathered, or to what? When should the plant be gathered? How treated? What the best mode of preparing? Should any part but the root be used?"

REPLY.—The bark of the root is the part we originally recommended. The best time to gather the roots is in early fall, or just before the flowers mature. The fluid extract now extensively manufactured is, we believe, a reliable preparation, but we should prefer a syrup made in the following manner:

℞.	Fresh root of hydrangea,	2 lbs.
	Water,	6 qts.

Boil down to two quarts, strain, and add one quart of honey, and boil down to one quart. Dose—A teaspoonful two or three times daily. An overdose has produced vertigo.

*Our Essay on Hydrangea Aborescens was first published in 1851. S. W. B.

Correspondence.

DOMESTIC.

Survival after Craniotomy—An Extraordinary Case.

EDS. MED. AND SURG. REPORTER:

Dr. J. C. MCMECHAN, of Cincinnati, in No. 716 (November 19, 1870) of THE MEDICAL AND SURGICAL REPORTER, says, in a very able treatise on "Rotation of the Head under the Pubic Arch—Application of the Forceps on the Sixth presentation:"

"Craniotomy, of course, destroys the child; and what worse can result from attempting to rotate the head? And it gives the great change of changing the position, so that the child is born alive. Rotating the occiput forward, under the arch of the pubis, is certainly the most favorable of the three procedures. The risk of not being able to deliver after the first, and the *sure* destruction of the fœtus in the second, leave only this last procedure even to be thought of."

Permit me to present to the profession a case which, in my opinion, contradicts the above statement altogether, and will probably lead some of the fraternity to assist me in the treatment of the child, being anxious to have the opinion of practitioners.

Mrs. N., æt. 34; mother of seven children, was last year delivered, after three days' labor, by the performance of craniotomy. The woman in question was, after the lapse of six weeks, so far recovered as to leave her couch, and her re-convalescence was a comparatively short one. Again pregnant, I was called November 26th, at noon, to deliver her. The diagnosis being rather doubtful it was not until the the 27th of November, at 1 A. M., that, after the membranes had been ruptured and a copious discharge of liquor amnii had taken place, the fifth presentation could be detected, together with a disproportion of the head of the fœtus and the pelvic bones. Measurement showed that the conjugata was hardly 4 inches; the lateral diameter, 4¾; the two oblique, extending from the sacro-iliac symphysis to the ramus of the pubes, each 4⅛.

The forceps could not be applied, all attempts notwithstanding. The patient began to sink rapidly; pulsation so low as 50. I had no other alternation but craniotomy. With Smellie's scissors I opened the head. A copious flow of blood and cerebral matter followed. The blunt hook was then applied, but insufficient parts of the skull were broken off, when I was forced to apply the craniotomy forceps to extract the child.

The child, a boy, is alive yet (December 5, nine days old); sucks the breast and is thriving; convulsions or any tetanic symptoms are not noticed. The serious wound, about one inch and a half above the left ear, is filled high above the margin with (apparently) pia mater.

The foregoing is certainly an interesting case, and I give it as it came under my observation, but cannot refrain from asking the profession at once to give an opinion, and to advise how the wound is to be treated, and which will be the safest method to preserve the child. H. SCHMIDT, M. D.

[The above is a most remarkable case, and entirely unparalleled in our reading. We hope Dr. Schmidt will narrate the future history of that child. In THE REPORTER of next week we shall have an interesting discussion on cerebral lesions. It does not militate, however, against the correctness of Dr. McMechan's general position.—EDS.]

Ipecacuanha in Dysentery.

EDS. MED. AND SURG. REPORTER:

I am glad to see in your journal, and in several others, evidences of renewed interest in the value of ipecac. as a remedy for dysentery. It reminds me of a practice of fifty years ago in the South. A decoction of bruised root, as used in South America, was preferred by many, and this was generally given to the extent of producing nausea and vomiting. But it was more common to use the powdered ipecac. From one to two drachms were mixed with two to four ounces of hot, not boiling, water. The powder being precipitated, the natant fluid was administered at a single dose. A like quantity of water was then added, and after several hours, given in the same way. Water being again added, the whole powder was administered after the proper interval. This course, occupying pretty much the whole day, was often sufficient to effect a cure; but in severe cases it was necessary to repeat it on one or two succeeding days. If given in the early stage of the disease, vomiting and purging were the common effects of each dose, always giving relief to tormina and tenesmus.

When the disease had continued for several days, and especially when it had been unsuccessfully treated by opiates and astringents, larger quantities of ipecac. were required. Before I had had much experience in this matter, I was called in consultation in a case which seemed nearly hopeless. The patient was a stout young man, who had been for several days under the influence of opium and astringents. He was insensible and helpless, with purulent secretions oozing from sunken eyes, the conjunctiva and skin congested, and almost the only signs of life remaining were labored respiration, and frequent straining of bloody mucus from the bowels. Powdered ipecac. was given him in one drachm doses until a full ounce had been consumed, and with only a moderate amount of vomiting and purging; after which the doses were gradually reduced as the patient became more impassionable, until a single grain would produce these effects. The curative effects kept even pace with these nauseating and cathartic operations, and the patient recovered without other remedies.

I have witnessed similar cases since, and a large number of recoveries under the exclusive use of this remedy; but subsequently the treatment became less common, opium and astringents being substituted for the ipecac. or combined with it, and I incline to believe the treatment by ipecac. has been almost abandoned in the Southern States. It can scarcely be doubted, however, that ipecac. has for centuries been considered a specific remedy for dysentery in those parts of South America where it grows, and that its success in the case of the Dauphin of France, led to its extensive use in Europe. Wherever it has been employed in proper doses uncombined, it has proved eminently successful, and it is to be deplored that under the influence of modern teaching it should have so generally gone out of use. Yours, very truly,

A. P. MORRILL, M. D.

Treatment of Malarial Fevers.

EDS. MED. AND SURG. REPORTER:

We have just passed through an endemic of malarial fevers, and if my experience is worthy an insertion in your widely circulating columns, on the treatment of this affection, I will consider myself, amply paid for my time.

The two main types of malarial fever, viz.: intermittent and remittent, are so ancient in the history of medicine, so much has been said in journals, text books, etc., on their treatment, that it seems almost like idling time to say more. But, living as I am along the shore of the Susquehanna, where, at the approach of each autumnal season, we have our "delightful shakes," and meeting with success in my plan of treatment, I am induced to relate my experience.

As soon as the diagnosis is clearly made out, and I find I have a malarial fever to deal with, I prescribe a small mercurial at 9 in the evening (providing I have the choice of selection), following at 5 next morning by a saline cathartic. This rids the system of the surplus bile in alimentary canal, and may be termed the preparatory treatment. At 10 A. M., of the same day, I prescribe one of four powders compound of quinia sulph., grs. v., morph. sulph., gr. $\frac{1}{6}$. I continue the powders every four hours until all have been taken. Twenty grs. of quinia in almost every case is adequate to counteract the poison; but then it should be given in such a manner as to have the influence of the whole twenty grs. acting on the poison at some one time. This will be accomplished by pursuing the above plan.

An eligible form to give the quinia is in a swallow of sweetened hot tea. It almost entirely conceals

the bitterness, which makes it so unpleasant. The course above is the treatment of intermittent of whatever type. Remittent, owing its origin to the same cause, should demand in the main the same treatment. W. G. BINKLEY, M. D.

Washington, Pa., Nov. 3, 1870.

NEWS AND MISCELLANY.

Malarial Fever.

Malarial fevers have been very prevalent this season. A correspondent in another column calls attention to the treatment of this disease.

The early years of our practice were spent in a malarial region, and with the medical men in that region malarial fevers were "nothing accounted of" as a disease.

In using quinia as an antiperiodic, we were in the habit of always combining a *stimulant* with it, and believe that it is a waste of a good medicine, in this disease, at least. The following was a favorite formula with us:

℞. Ext. colocynth. co.,
Quiniæ sulphatis, aa. gr. xij.
Ext. ignatiæ alc.,
Piperine, aa. gr. vj.
Morphiæ sulph., gr. j. M.
Et. in pil. no. xij. div.
Sig.—One every two, three or four hours.

The Gynæcological Society.

We learn from the publisher that from the first of January next the price of the excellent journal named above will be raised to *five dollars* a year. Subscribers to the REPORTER who commute with it will please observe this fact in making their orders from that time.

——Dr. Hiram Holt, of Pomfret, Conn., died at his home in that town, after a brief illness, November 30th. He was widely known in eastern Connecticut as a physician and surgeon, having been engaged for very nearly fifty years in the practice of his profession at Pomfret. His age was 72. He was interred at Chaplin, Conn., his native town, in the cemetery, where many of his relatives and his ancestors for several generations lie buried.

QUERIES AND REPLIES.

Hard Times.

Dr. R., Tennessee.—A great many of our subscribers, too many for our profit, make complaints similar to the following. We shall be as considerate to all our subscribers as we hope they will be to us. The good opinion of our correspondent is exceedingly flattering. Dr. R. says:

"I inclose to you five dollars in currency, which you will kindly enter to my credit on your books. I am truly sorry it is not more than this amount; but when you have learned that I was confined to my room and my bed through February, March and April, and that from a practice that has averaged since the 1st of June one hundred and fifty-five dollars a week, I have not received more than that sum of money for the whole amount of labor which has been done, you will at once perceive why it is that I am not able to remit you a larger sum. I have never before seen so much to discourage me, and I have not unfrequently been almost persuaded to do with your most worthy publication as I feltit to be my duty to do in the case of others, that is, to discontinue them. It seems so much like losing one of my own household, however, to think of giving up that old and valued friend, THE REPORTER, whose welcome visits have been so regularly made ever since the "student's number" was first handed to me at Willson's book store, on 10th street, in 1858, that I have not been able to bring myself to make the sacrifice, although I have deprived myself of a number of valuable medical periodicals, some of which were greatly esteemed, and almost the whole of my literary reading, to enable myself to continue with you. Even Mrs. R., who reads THE REPORTER with a great degree of pleasure, has chosen to give up *Godey* rather than do without it. Send all your publications on to us, then, and as long as I can command a few dollars I shall cheerfully share it with you.

WORDS OF ENCOURAGEMENT.

Dr. M. G. P., Mass.—"The *Daily Pocket Record* is the best arranged visiting list for physicians published."

Dr. J. L. C., Pa.—"I have been a constant reader of THE REPORTER for two years, and could not think of doing without it now. I have received great benefit from its perusal."

Dr. H. O. D., Ill.—"THE REPORTER just fills the bill. It has helped me pass many an hour that would otherwise have been long and tedious" (during an attack of illness).

Dr. C. N. U., Iowa.—"Without THE REPORTER I would be deprived of a very valuable and highly esteemed assistant."

MARRIED.

BISHOP—WILSON.—October 11th, at Christ Church, New Brighton, Pa., by Rev. Joseph P. Taylor, Henry M. Bishop, M. D., of Sharon, Pa., and Alice A. Wilson, of New Brighton.

FOSTER—WHITE.—At the residence of the bride's parents, November 24th, 1870, by the Rev. H. K. Foster, Mr. Robt. H. K. Foster, of Leavenworth, Kansas, only surviving son of the officiating clergyman, and Miss Frankie E. White, only daughter of Dr. C. C. White, of Columbus, O.

FRIERWOOD—THOMAS.—At Peoria, Ill., November 22d, 1870, Dr. A. K. Frierwood, of North Grove, and Miss Callie Thomas.

KIRKPATRICK—CRONISE.—In the Evangelica Reformed Church, Frederick City, Md., November 22d, by Rev. D. Zacharias, Dr. J. C. Kirkpatrick, of Mansfield, Pa., and Miss Ella Cronise, of Frederick City, Md.

MAYNARD—CARSON—On the 24th ult., in this city, by Rev. J. H. Peters, E. F. Maynard, M. D., of Pittsburg, Pa., and Miss Lottie E. Carson, only daughter of Nicholas Carson, Esq., of Philadelphia.

SIMON—WILSON.—November 29th, 1870, at the residence of the bride's parents, by the Rev. Mr. Brown, Dr. Wm. J. Simon, U. S. N., and Rebecca E., daughter of George Wilson, Esq., of Chester, Pa.

SMITH—CHIDGEY.—November 17th, by the Rev. Dr. Goodrich, Dr. D. B. Smith and Miss Jeanne B. Chidgey, all of Cleveland, Ohio.

TIERS—LEWIS.—December 8th, by Rev. Dr. William Rudder, Mr. William Twells Tiers, and Miss Inez Radclyffe Lewis, daughther of Dr. Elisha J. Lewis.

DIED.

COOPER.—In Wellsburg, Brook co., West Va., December 9th, Mary Francis, daughter of Dr. Jno. M. and Sallie H. Cooper, aged 2 years and 10 months.

NELSON.—In Cincinnati, December 6th, after a brief illness, Lizzie Allingham, wife of Dr. John S. Nelson, and daughter of Dr. E. H. Allingham, of County Leitram, in Ireland, in the 33d year of her age.

REED.—In this city, December 9th, William A., son of William A. and Mary D Reed, in the 20th year of his age.

REYNOLDS.—In this city, suddenly, on the 4th inst., Edgar Janvier, infant son of Dr. Herbert and Ella V. Reynolds, aged 6 weeks.

THE
MEDICAL AND SURGICAL REPORTER.

No. 721.] PHILADELPHIA, DECEMBER 24, 1870. [Vol. XXIII.—No 26

Original Department.

Communications.

SCARLET FEVER AND ITS TREATMENT WITHOUT ICE.

As reported in the medical transactions of the State of Pennsylvania.

By Dr. Hiram Corson,

Of Conshohocken, Pa.

In your journal of Oct. 22 I find some "striking statistics" of the fatality of scarlet fever and diptheria, from which it appears that "during the 21 years preceding 1868, about 20,000 deaths occurred annually from those two diseases in England and Wales, and that in the year 1869 not less than 40,000 deaths took place from the same disease in England. In the first half of the present year 13,900 deaths occurred. So in 21½ years about 470,000 persons died." And the writer adds, "in view of those who escaped to die of maladies induced by these affections, or the treatment, not less than five millions of people in England have, during the last 21½ years, suffered, more or less severely, from attacks of scarlet fever and diptheria." What fearful diseases! How zealous the physicians of England should be to discover a remedy or mode of treatment to cope with those frightful maladies! Is it possible that there is nothing that can avert or arrest their frightful march? Frightful as is the above account, I think accurate statistics gathered from every county or township of our State would show that scarlet fever prevails to as great an extent and is as fatal in this country as in England, and that in the face of its great fatality we exhibit but little anxiety in relation to it, and have improved but little in our treatment of it during the last forty years. In hope to discover the feelings of the profession in reference to it, as well as to ascertain what the general treatment of it is, I turn to the recent "Transactions of the Pennsylvania Medical Society." And what do I find there? Only the most incidental notice in an occasional county report that the disease prevailed; but to what extent, or how influenced by treatment, or of the degree of fatality, ofttimes not a word. In not a single county report are we furnished with a complete account of the disease as it prevailed in the entire county. It is rarely that we have more than a meagre notice of it in a single township of a county. Omitting former years, let me glance at the reports for the year embraced by the Transactions of 1870.

Dr. Bradley, who signs the report from Columbia and Montour, does not practice, but in his remarks on "Prevalent Diseases," says: "An epidemic of scarlatina has committed sad havoc among the children in this locality; in many instances carrying off all the little ones of a family, and leaving the parents of four or five boys or girls entirely childless. The disease made its appearance early in the fall of 1869, and continued until late in the spring of the present year. The fatal cases were more the result of the sequelæ than of the primary disease. This section of the country is quite healthy, and we have not had such an epidemic as scourged the county recently for very many years. Of its origin, progress, and treatment we can give but little information (not being engaged in practice), except such as is contained in a letter from Dr. Senderling, of Berwick, Pa., which we append." From the above we are led to expect that Dr. S. has seen much of this disease, and will record his observations. But we look in vain through his report of eleven pages for a single word in relation to the disease which

grieved Dr. Bradley—a mere looker on—by the sad havoc committed by it. A fearful malady laid waste the community for several months, and yet in all the county there is not one man to record, for the benefit of the profession, the history of its invasion, progress, and decline; the number and ages of its victims; the treatment used; its success or failure.

The man who was in the midst of the sad havoc committed, who saw the disease, in the language of Dr. Bradley, "carry off all the little ones of a family," who was with the scourge from early in the fall of 1869 until late in the spring of 1870, says not a word about it, but gives us eleven pages to show that sulphite of soda wrought easy cures of pertussis, apthæ of mouth and fauces, bronchial inflammation, erysipelas, remittent, typhus, malarial and typhoid fevers; also, the history of five obstetrical cases, minutely detailed; the treatment of which might readily be criticized by an experienced obstetrician with much advantage to readers, if not to the author. I say this in no spirit of fault-finding; but that I may here call attention to a disposition too prevalent with us all: to avoid giving full authentic reports of the cases which, if fairly stated, would show our inefficiency as practitioners. We slur them over, or do not notice them at all, but bring prominently into view other cases and modes of treatment of small interest and little value when success has attended our efforts, as I have shown above, and will show hereafter in this review of other reports.

Dr. ZEIGLER, who reports for Cumberland county, says: "Scarlet Fever appeared in Carlisle early in November, and lasted till late in the spring. The majority of the cases were of the anginose form, many of them of a highly congestive character, frequently proving fatal in from two to six days." He does not believe scarlet fever contagious, and gives his treatment in a general way. "First I give a mild laxative of castor oil or other mild aperient. I then prescribe tonics and stimulants freely, such as sulph. quinine, tinct. ferri chloridi, and acid sulph. aromat., as the case may suggest. Chlorate of potassa as a gargle, and externally to the throat, spts. turpentine. Later in the disease, when the tonsils are much ulcerated, and the secretions become acrid, I use nit. silver, gr. xxx to ℥j. water as a wash, or with a pencil or probang, as the case may require." And this is the treatment for the cases which he says were of the anginose form, many of them of a highly congestive character, and frequently proving fatal. From the very first, tonics and stimulants freely, with turpentine externally to the throat. Is it any wonder that they died in from two to six days? How could these remedies remove the inflammation and congestion? There is something to commend in this report; but if he had given us the symptoms, from day to day, of even a single one of his congestive anginose cases—the appearance and condition of the skin; the temperature of the body; the kind of drink, whether cold or warm; the state of the mouth and tonsils and uvula; the affection of the nose; the condition of the brain; the remedies used from day to day and their results; when and why he began the use of stimulants and tonics; how death took place, whether from disease of brain, of larynx, or trachea, or lungs; and whether all those congestive cases were treated in the same way—those in the spring, like those had been in the fall: I say, if he had given us such a history of even a single case, he would have done good service to every reader of the report, and possibly some one of those readers could have given him a hint in relation to treatment which would have awakened him to the fact, that the stupefying blows which death deals upon the brain, and the strangling grip which he makes upon the windpipe, need not "tonics and stimulants freely," to ward them off, but remedies that allay inflammation of the throat and counteract the effects of a poison which, in the narcotism which it sometimes produces, is almost as fearful as the remedy so highly prized as a stimulant.

In the Delaware county report, Dr. ALLEN says: "Cases of scarlatina and diphtheria *were unusually severe and many deaths occurred.*" (The italics are mine here, as elsewhere.) And yet in the face of this acknowledgement he says: "The heroic treatment has given way to a more sensible treatment, viz.: rest, good nursing, attention to diet, tonics and stimulants; the expectant treatment, to give it its true title." And this is all he has to say, though the diseases were unusually severe and many deaths occurred. Would that he had given us a good history of the invasion, symptoms, progress, and treatment of even a single case; we might then have decided whether, when many deaths were occurring, and mothers were mourning for their

children, the physician was justified in standing idly by, waiting on his expectant treatment, instead of coming to the rescue of the little ones with whatever heroic remedies enlightened science has armed our profession. Dr. HEYSHAM, of the same county, reports: "In some sections scarlet fever *was endemic and very fatal*," and yet he thinks it of no consequence to give its history and to tell us of the treatment which failed to save his patients. Is it a matter of any importance or practical value to any reader of the transactions to learn that scarlet fever prevailed somewhere in Delaware county in the year 1870? I hope my excellent friend will forgive this kind and gentle criticism; and should the disease again visit his region, that he will make careful observations, record them faithfully, and shrink not from a full detail of the treatment which, in its inefficiency, compels him to say that the disease was very fatal.

Dr. KNOX, reporting for Fayette county, gives an account of an "Epidemic of Scarlatina Simplex," very mild, and needing little treatment, but in three children aged three, five and seven years, after mild scarlatina, who had measles. Hear him: "Three or four days after the disappearance of the eruption of scarlet fever, rubeola occurred with the usual catarrhal and bronchial symptoms. The eruption on the oldest of the children was not fully developed, it bearing some resemblance to the maculæ of typhus. The patient *despite stimulating and supporting treatment*, died from asthenia. The eruption in the other two presented its ordinary appearance. The elder died of capillary bronchitis on the third day after the disappearance of the rubeola. The youngest child recovered." I might here repeat what I said before: Of what value is the history of those three cases as given to us in the report from Fayette county? Three children had very mild scarlet fever—two of them died—a sad commentary on the treatment. What do we know of those cases? What have we learned of the symptoms? What of the suffering of the poor children? What of the cause and mode of death, and above all, what of the treatment? "Only this and nothing more"—that one of them died of asthenia, "despite stimulating and supporting treatment." If he had even told us that the other two had had the same treatment, and had shown us why this treatment that had failed in two cases succeeded in the third, we had learned something; but we were not thus favored. We are left to draw on our imagination, to revive, I might say, the sad memories of childhood; and frightful pictures present themselves. We fancy we see those dear children passing through a mild scarlet fever or a still milder measles in a room heated to 84°, with pieces of fat bacon or a warm poultice closely bound around the neck, while gargles of red pepper tea, or nitrate of silver solution were forced into the throat or swabbed about the tonsil glands, and stimulants daily, hourly, poured into the stomach, to keep up the strength and keep out the eruption, and—shall I say it?—the poor children "burnt up" with the hot room, with the loads of bed clothes, with the hot teas, and, above all, with the fiery stimulants, pleading and calling in vain for a drink of cold water to moisten their parched and burning mouths. The agonized mother tries to pacify the little sufferers by telling them "the doctor is afraid the water will hurt you; it will drive the measles in. He says you will get better if you will take warm tea, or this sweetened liquor—this stimulant, it is better than water, he thinks;" and so the little child that had raised itself up to have a good, refreshing, cooling drink of ice water, falls back again on its bed and suffers on till death comes to its relief. One died from asthenia, and one from capillary bronchitis, we are told. But of their condition from day to day, during the three weeks that they suffered we know nothing, save that, despite stimulants, they grew worse and died. What a singular circumstance that any one should die, despite the use of stimulants!

Dr. SARGENT, reporting for Montgomery county, does not speak of the disease as having prevailed, but says: "The ice-treatment in cases of scarlet fever and diptheria continues to be employed by the members of our society with much success. It is regarded often as quite indispensable as an internal and external remedy, though of little value externally, unless employed continuously. An instance is related by one of the members, in which, after it was used six hours, it was set aside, the condition of the patient having much improved; but a relapse occurred and the patient became extremely feeble, when the ice was reapplied for forty-eight hours, and the patient recovered." Modest as this announcement is, it informs us, that after dispensing with its use the disease became aggravated and the

patient very feeble; that on again applying the ice recovery soon followed, even removing the weakness without a resort to stimulants, so much used in other counties. To thinking persons this one fact is of much importance.

Dr. BREINIG, of Northampton county, writes: "Twenty-two cases of scarlatina were treated, of which four died of the grave form of the disease. (They are all grave if death ensue.) The milder form of the disease was treated by confining the patient to a dietetic and moderate antiphlogistic course; a moderately cool temperature and mucilaginous drinks. S. anginosa and s. maligna, after appropriate evacuants, were treated with chlorate potassa and tr. ferri chloridi with good results. Sequelæ followed in six cases, all of which yielded readily to remedies with the exception of one case: a little boy of six years, who, by exposure, was attacked with acute dropsy, resulting in effusion into the serous cavities, followed by convulsions, coma and death." Twenty-two cases in all—many of them mild and needing but little treatment—the only remedies chlo. pot. and tr. mur. iron for the severer cases, and good results spoken of from those agents; and yet, four died and five others had troublesome sequelæ. If we had been told how many of the cases were grave ones, correct judgment might have been made as regards the value of those two very inefficient agents—which allowed four to die and five others to struggle against sequelæ. What form did the sequelæ assume—deafness, dropsy, Bright's disease, heart affection? The report to be of use should have specified these particulars.

In the Schuylkill county report, Dr. BROWN has an interesting article. Even its length shall not preclude me from quoting in full, as it will furnish occasion for some suggestions that may be useful. He says: "The early part of the past year was marked by *extreme gravity in the symptoms of all diseases, and in very many cases they proved beyond the reach of medicine, and resulted fatally in spite of the best directed efforts of our art.*" To realize the truth of the above, we ought to know what medicines were used and what the best directed efforts of art are. Schuylkill county art might not be the art of other places. He continues: "During the first quarter, measles and scarlet fever both prevailed epidemically among children; and while one was pursuing its course in one street of the place, the other would have possession of an adjoining one; but I have never seen them both in the same house at the same time, although I have had one to follow the other so quickly as to prove fatal by the debility produced by the exhaustion of the vital powers alone." He has here given us one cause of death—debility produced by the exhaustion of the vital powers alone. We will mark this cause of death No. 1. "The fever accompanying *both* diseases was of a low typhoid form, the rash being nearly black, or of a dark mahogany color, accompanied by a loose suffocative cough and a great difficulty of breathing. The face was swollen and purple; the skin, at first dry and hot, soon became cool and bathed with a clammy perspiration; and while the head was very hot, the extremities would be very cool, unless kept warm by artificial heat; the pulse was always weak (easily compressed), rapid and irritable, and, in fatal cases, soon ran beyond the powers of computation."

I pause here a moment to call the attention of the reader to the fact that he is describing the symptoms of both measles and scarlet fever, and that, strange to say, they are precisely alike in both diseases. He proceeds: "The expectoration was white and tough, and would stick to the fauces like bird-lime. In many cases the lungs gave a clear sound throughout on percussion; in others there was more or less dullness of one or both, and the danger was generally in proportion to its extent. Auscultation usually revealed mucus and crepitant rales in all parts of the lungs, except where the dullness existed, and then it was more or less circumscribed." The above seems as though it might be a description of measles. He continues: "Delirium was a prominent symptom from the beginning in many cases; in others it did not come on till three or four days had elapsed. Sometimes the disease was ushered in by a violent convulsion, which continued to recur at longer or shorter intervals, thus increasing the congestion of both lungs and brain until asphyxia closed the scene." Here we have mode of death No. 2: Convulsions, congestion of lungs and brain, asphyxia. "In other cases it never recurred after the first attack. The younger the patient the more liable was it to convulsions, and the less likely to recover. In some cases there was a total loss of voice, which continued during the entire course of

the disease, and for a long time after convalescence was established, gradually passing away by the unaided powers of nature." (This seems greatly like measles again.) "In other cases the tightness of the larynx, and indeed of the whole mucous surfaces of the bronchi and trachea increased rapidly, until it ran into membranous croup, and carried the little patient quickly away." Here we have form of death No. 3—tightness of larynx and surfaces of bronchi and trachea—membranous croup. A physician of limited experience might, from reading the above, have fallen into the error of believing it a case of croup from the very beginning. "Sometimes there was aphthous ulceration of the entire inside of the mouth, tongue and pharynx; in others simple ulceration of the tonsils, and again in others, diptheria thrust itself in to carry away your patient just at the time you were congratulating yourself on your success in having extricated it from so fearful a complication of diseases." Here we have form of death No. 4—diptheria impudently thrusting itself in, to finish the work which measles, complicated with scarlatina, could not perform. "Oftentimes the disease was ushered in by vomiting and a severe attack of diarrhœa, accompanied by tympanitis, tenesmus, and *all the symptoms of inflammation of the bowels*. The discharges were dark, thin, and fetid at first, and, after a longer or shorter time, became mixed with blood and mucus." It would be quite interesting to know whether any of those cases of bowel disease recovered, and if so, whether the symptoms of scarlet fever, or measles, or both of them, were manifested at any period of the illness.

"All my cases that recovered did so under the stimulating plan of treatment perseveringly employed, accompanied by such treatment as was necessary to subdue local congestions and inflammations, and to restore the natural secretions." In these few lines we have the whole treatment for these fearful diseases, both attacking the little victims, who, if fortunate enough to throw off the first assailant, was set upon, while yet weak and helpless, by the others. Nor did they even, when thus coming together, use their ordinary light weapons, but came armed with debility, tightness of throat, convulsions, membranous croup, asphyxia, diptheria, and inflammation of the bowels. And to fight the battle with diseases thus armed, how comes the doctor to the field? With stimulents and such remedies as were needed to subdue local inflammations—stimulants perseveringly employed, which means, "though thick and thin," whether they do good or harm; keep them going, while the other medicines are battering away at the local inflammations. It would be a boon to your readers to know the names of those medicines or measures that can restore the natural secretions and relieve the local inflammations, while stimulants, perseveringly employed, are drying up the secreting membranes and aggravating every local inflammation and congestion. Is it any wonder that death slipped in under so many forms, just when the doctor thought himself a victor? One more remark, and I leave this paper: In this detailed account of the symptoms we have no mention of the peculiar condition of the throat and glands which are common in scarlet fever, nor of any treatment for their relief; we have learned nothing of value in this quarter. He does not tell us how those were treated who died.

Dr. Geo. B. H. Swayze, of the same county, speaks of the disease prevailing mildly, at Mahanoy city, before the advent of cold weather; "but as winter progressed a graver type of disease was developed, and deaths were somewhat frequent." Mark, deaths were somewhat frequent. He continues: "In my own practice two deaths occurred from s. maligna: one a boy of four years, the other a babe at the breast. The former died on the third, the latter on the fourth day. In both cases the pharyngeal symptoms were peculiarly grave and attended with diphtheritic exudation: while the cerebral complications, as manifesed by coma, subsultus and convulsions, seriously aggravated the severity of the disease. The treatment I have been in the habit of adopting in scarlatina is by no means peculiar. Of the febrifuges, preference is given to liquor potassæ citratis, liquor ammoniæ acetatis, spiritus etheris nitrici, tinct. digitalis and tinc. gelsemini. One or more of these variously combined with the extract of taraxacum and the syrup of squills, ipecac, garlic, cimicifuga, or wild-cherry bark added according to indications, usually complete the mixture, and is employed in all cases where a simple febrifuge and expectorant effect is desired. It is my habit to avoid the use of the more depressing expectorants as much as possible. Chlorate of potash is always fully administered, either in powder or solution, for its local and consti-

tutional effects, and bro. potassium for undue nervous excitement. My favorite gargle is sulph. zinc. 6 to 8 gr. to ℥j., water and glycerine variously proportioned and sweetened with honey. Where tonics are indicated, reliance is placed on tinct. of chlo. fer., or quinine, cinchona and gentian in convenient and agreeable forms. Moderately stimulating anodyne applications are generally employed on the outside of the throat, the skin over the principal parts of the body occasionally anointed with lard or rubbed with a piece of fat bacon to allay itching, and warm pediluvia sometimes used, when the rash is defective."

I have thus given the treatment spoken of by Dr. Swayze at length, because, as he says, it is not peculiar. It is the common, easy treatment that involves no responsibility, and in grave cases does little, if any good. Look over the list of remedies spoken of, and show me which of them would be of any avail in such cases as he lost, where he says, "the pharyngeal symptoms were peculiarly grave, and attended with diphtheritic exudations, while the cerebral complications, as manifested by coma, subsultus and convulsions, seriously aggravated the severity of the disease." A fig for mild febrifuges when the coma is deepening; away with the weak zinc astringent to the throat, and the fat bacon and moderately stimulating external applications, when diphtheria is invading and blocking up the avenues of life.

I have thus presented all that can be found in the transactions in relation to scarlet fever. To show still further the almost criminal indifference of physicians in reference to this most destructive disease, I may state that thirty-three county societies represented at our last meeting, and from which reports were received, only the seven above referred to noticed it at all, while twenty-six had not a word concerning it; and yet the disease doubtless prevailed in nearly every county, and a truthful report from each one would have conveyed the sad intelligence, that it was very fatal and that many children were carried away.

Philadelphia has not a word save that in her mortuary table 999 deaths are recorded as occurring from scarlet fever. It is, perhaps, not too much to say that the disease must have prevailed in 10,000 families, and yet not one of all of the physicians of that great city, to whom we would naturally look for guidance in the treatment of the disease, thought it worth while to write a word on the subject. I am unused to review the writings of others, or to criticize their doings, but I am so impressed with the importance of more attention to the subject of scarlet fever; of more careful observations, and more faithful records; of an abandonment of the old, inefficient, heating, stimulating, constitutional treatment, and a prompt application of such local measures as will prevent fatal injury to the brain, and throat, and windpipe, the avenues through which life is assailed, that I have ventured, at whatever risk, to attract the attention of your readers to this disease. In thus performing my duty I am disposed to say with SYDENHAM: "'Tis none of my business to inquire what other persons think, but to establish my own observations." In order to do which I ask no favor of the reader but to peruse my writings with temper. In my next I will glance at the treatment of this disease as taught by our medical teachers, and then give a brief account of the use of ice in scarlet fever as applied in my practice during the last 26 years.

SCIRRHOSIS OF LIVER.

By W. H. H. GITHENS, M. D.,

Of Philadelphia.

Whenever there exists a hyperplasia or chronic inflammation of a fibrous tissue, we find, as a primary result, the hypertrophy of the tissue involved, the consequence of an interstitial deposit of similar character; subsequently the new deposit contracts and hardens. If the disease is located in a tendon, as for instance, the tendoachillis, a certain loss of power with slight pain may be the only symptoms during the primary stage; the second stage results in a lifting of the heel and development of pesequinus. There is evidently no loss of substance during the contraction of the tendon in this case, as, also, in a burn involving the subcutaneous connective tissue, there is no loss of substance during the contraction of the cicatrix, but merely a compacting of tissues already developed into an abnormally solid structure interfering with the proper function of the part.

The cause which operates to produce this gradual result may be anything which invites to the part affected a supply of blood greater

than necessary for the repair of ordinary wear and tear in the performance of function.

A cursory observation would impress one with the size of the liver as compared with the whole body, and especially as compared with the other glandular organs of the body, and from this circumstance alone he would be convinced of its great importance in the role of our domestic economy. But when we observe the vast amount of blood thrown into it, during both fœtal and independent life, its importance is still more forced upon us, and we are ready to acknowledge the gravity of any condition which would interfere with the performance of its functions.

We must not fall into the mistake of supposing it to be only an excretory organ. It has through its secretion proper, the bile, an important part to play in digestion, no fat being absorbed if bile be not present in the intestinal canal. The results of digestion which are taken up by the blood vessels from the stomach and intestines are all carried by the portal system and distributed through the capillaries of this organ for more complete elaboration before being thrown into the economy at large. It is probably here that the blood corpuscles have their birth. All these processes may be interfered with, and finally suppressed, by a disease which acts in a purely mechanical manner. Scirrhosis of the liver is not an uncommon disease; it is an instance of the operation of the same influences that we can observe in the wounded tendon, or in the cicatrix following a deep burn, first a long-continued stimulating cause, resulting in a hypertrophy of the connective tissue which surrounds and connects the proper glandular tissue of the organ. Following the hypertrophy comes the slow but inexorable law of contraction, compressing in its irresistible grasp the glandular tissue, the ducts, and vessels. The inevitable consequence of such compression is absorption, and the absorption is not of the contracting but of the working glandular tissue, the vessels remain, but the constantly narrowing limits gradually contract their calibre until they become comparatively useless.

Knowing the anatomy and functions of the organ affected, we can easily understand and even fortell the consequences of these changes. During the first stage we have an increase in the size and weight of the liver, the tension of its peritoneal covering causes pain, the increased weight gives a sense of dragging in the right hypochondriac region, the enlargement of the organ causes a sensible increase in the circumference of the body over it, and the inflammation, although so slight, causes some tenderness on pressure or percussion; but in this stage we have no interference with with circulation or secretion. Contraction commences, the pain and tenderness subside, and the enlargement exists no longer. All symptoms of disease pass away; but some time after, a new set are gradually developed. The diminution of the secretion of bile causes indigestion and emaciation, with nausea, vomiting, flatulence and constipation.

The consequences of the interruption to the course of the portal circulation are even more disastrous, the constriction causes a stasis of blood in all the vessels emptying through the liver. The result is the same here as elsewhere from a similar condition, a leakage of serum through the walls of the vessels, and the development of ascites. A collateral circulation is gradually established through the superficial veins of the abdominal walls, but this is never sufficient to replace that which has been lost. The ascites continues to the end; the congested condition of the alimentary canal also shows itself in passive hemorrhages. The diminished secretion of bile causes a roughness and harshness of the skin which becomes pale or of a dusky yellow. Serous diarrhœa and exhaustion usher in the fatal termination.

As no treatment can materially modify the course of this disease, we turn our attention to its causes, so that, if possible, we may prevent that which we cannot cure. Observation has shown that the majority of cases result from the imbibition of strong or undiluted alcoholic liquids on an empty stomach. These are quickly absorbed by the blood vessels and thrown in an unmodified condition into the liver itself, thus causing undue stimulation, and when this is long continued, particularly in hot climates, scirrhosis is not an uncommon result. But we sometimes, though rarely, find the disease in persons who lead highly temperate lives, and it is even met with in children. In some of these cases the exciting causes are supposed to be malaria or syphilis, but in others no cause can be detected. To the literature of this last class of cases I contribute the following notes of one occurring in my own practice.

John K., æt. 29 years; a native of Ireland; unmarried; had been employed in England as weaver at the power-loom until September 1865, when he crossed the ocean and came to this city. In reply to my questions, he declared that he had always been a temperate man, never drinking any alcoholic liquid, except a glass of ale or beer about once a week. He stated that he had never been sick a day in his life; he had, however, in consequence of getting wet during a severe storm while on ship-board, contracted a heavy cold, which lasted about nine days. This was accompanied with severe pain at the base of the thorax on the right side, but no satisfactory history of pneumonia could be elicited.

On his arrival in this country he located himself in Gloucester, N. J. That part of the State is low, flat and sandy, and on the south-eastern, or leeward side of the Delaware river, while large marshes and low meadows lie immediately on the opposite side; the natural consequence is that during spring and fall malarial fevers prevail to a great extent. At Gloucester he was employed in the cotton-mills, but at the end of six months, work becoming slack, he came up to Philadelphia. Failing to find employment at his usual occupation, he accepted general laboring work, hod-carrying, &c. After six months thus spent, his health failed so much that he was compelled to give up work entirely. He now came under my care.

Close questioning elicited an acknowledgement of increase in circumference at the waist while at work in Gloucester; he thought it simply an increase in flesh, and paid no attention to it, nor to a slight pain and tenderness felt in the right hypochondriac region; both of these conditions passed away, and he ceased to notice anything unusual. When I first saw him his color was anæmic and dusky; he had pain in his head and over the liver and kidneys; his tongue was coated; his urine red and scalding; his bowels costive; he was troubled with flatulence and other symptoms of dyspepsia; percussion revealed a very small liver, an enlarged spleen and slight ascites. He had been dosing himself with mercurial purgatives for a supposed "biliousness." These symptoms continued to grow worse during the next four weeks, and were accompanied by emaciation and loss of strength, great soreness, and a feeling or sensation as if a foreign body were present in the right hypochondriac region. He remarked that he felt as if "something there prevented anything from passing through him."

One night, on turning in bed, profuse hematemesis and hemorrhage from the bowels occurred. About three pints of blood were lost. This local depletion relieved him very much and he was much more comfortable afterward. The ascites increased steadily; emaciation increased rapidly; but there was freedom from pain.

Nine months after the first symptoms of enlargement were noticed or tenderness felt, my notes record the patient as being much emaciated and unable to walk; his abdomen distended to its utmost extent by dropsical effusion; the superficial veins of the abdomen enlarged and prominent; face anxious and distressed; dyspnœa while in a horizontal position; no jaundice; no anasarca; the mind perfectly clear; the appetite good; feces light in color, solid and very fetid; urine not abundant, but of sp. gr. 1038, of a dark, beer color, with a heavy glutinous, yellow precipitate, consisting principally of urates of soda and ammonia, triple phosphates and epithelium scales; no albumen. Pulse, 126, moderately full but quite compressible; respiration 20; heart sounds good, the first being slightly weakened.

The treatment included stimulants, narcotics, and other means to increase the comfort of the patient and relieve pain. He sank gradually, day by day becoming weaker. The urine increased in quantity under the use of diuretics up to four pints daily, with a sp. gr. of 1042, but without at all decreasing the abdominal distension. Typhoid symptoms set in with dry, brown, tongue; occasional delirium; loss of appetite; dilated pupils; stupor; retention of urine; relaxation of sphincters; complete coma, and death closed the scene about ten months from the date of the initial symptoms.

Post-mortem examination.—Three gallons of a bright, yellow, inodorous fluid were drawn off from abdomen. Lungs were compressed but healthy; heart was filled with chicken-fat clots, its structure softened and flabby; kidneys healthy; stomach partially filled with clotted blood, the mucous surface deeply stained; intestines thickened and stained in appearance, externally of a slate color, darker in spots; liver much contracted, knobbed on the surface, light gray in color, with lighter streaks, very solid to the knife and touch,

measuring eight inches in length, eight inches in breadth, and three inches in thickness; its weight was twenty-two ounces; spleen enlarged, softened, measuring eight and a half inches in length, five inches in breadth, and one and a half inches in thickness; its weight was twenty ounces. The abdominal parietes and under surface of diaphragm were studded with hard, yellowish, semi-transparent bodies of a fibrous consistence. These were numerous and shot-like to the touch. The liquid drawn off from the abdomen was neutral to test-paper, highly albuminous, and contained a large percentage of chlorides.

What was the cause of the hyperplasia or inflammation in this case? There appears to me but two possible foundations for theory. First, was the cold contracted on board of the vessel a pneumonia of the base of the right lung? I could not satisfy myself as to this. If it were pneumonia, the inflammation might have extended by continuity to the liver, and, although in a very slight degree, have been sufficient to set up the action which resulted so fatally. That this is possible, is proved by the occurrence of abscesses of the liver two or three years after the pleurisy or pneumonia, which was the direct and acknowledged cause, had passed away. Second, we have malaria as a known exciting cause of this disease, and our patient resided for six months, from September to April, in an atmosphere highly charged with malaria. True, he did not show any of the direct results in intermittent fever, but may not the poison have been working insidiously, and finally have worked its whole force on the liver and spleen, causing in these organs the changes which we have been studying?

I put out these supposition as incentives to thought and observation, the only means by which our knowledge of disease can be increased, and our ability to arrest its progress or relieve its consequences be improved.

Bee Stings.

A writer to the *Scientific American* says that "a good absorbent" will ease the pain of stings.

"The best absorbing substance that I have tried is lean fresh meat. This will relieve the pain of a wasp sting almost instantly, and has been recommended for the cure of rattlesnake bites. I have also used it with marked effect in erysipelas."

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

November 5, 1870.

Service of D. Hayes Agnew, M. D., Prof. of Clinical and Operative Surgery.

[REPORTED BY DE F. WILLARD, M. D.]

Stone in the Bladder—Lithotomy.

(*Concluded.*)

The *middle perineal fascia* is this white membrane covering in the muscles at the root of the penis. It is attached to the rami of the pubes and ischia external to the crura of the penis, as far back as the tuberosities, and at its posterior border curves down behind the transverse perineal muscle, to be attached to the triangular ligament, thus entirely shutting off the anterior from the posterior perineum.

As I raise and remove this fascia, I expose at once several muscles: the accelerator urinæ, the erector penis, and the transversus perinei, as well as the superficial perineal artery and nerve, the transverse perineal artery following the muscle of the same name, and the inferior pudendal nerve; while exteriorily, lying in a groove upon the under surface of the ramus of the ischium, are the internal pudic vessels and nerve. I merely pass over these muscles by names, for you can study their attachments, etc., at your leisure; but I would simply say that several of them, the sphincter ani, transversus perinæi, etc., all converge to one point, called the "central tendinous point of the perineum."

The *deep perineal fascia*, or *triangular ligament*, is the white membrane which you see in this model, forming the floor, as it were, of this space into which we are looking. It is a strong membrane, closing up the anterior portion of the inferior strait, and is firmly attached to the symphysis and sub-pubici ligament, and along the ramus of the pubes and ischium upon either side. Its base is attached to the *middle* perineal fascia, and "central tendinous point of the perineum." It consists of two layers, one arising from the anterior lip of the ramus, and the other from the posterior.

The posterior layer curves upward, and is lost in the connective tissue between the rectum and bladder, while the anterior runs forward and is continuous with the middle perineal fascia. Between these two layers lie the membranous part of the urethra, Cowper's glands, the artery and nerve of the bulb, a venous plexus, the pudic nerve and vessels, and the compressor or constrictor urethræ, otherwise called the muscle of Wilson & Guthrie, which encloses the urethra, as you know, like a sling, arising, as it does, from the rami of the pubes, and passing around the canal, being in reality an off-shoot from the levator ani.

In front of the deep perineal fascia, upon either side, are the crura of the penis, arising from the rami near the tuberosities of the ischia, and as I take away this last layer of the triangular ligament, you will see the prostrate glands, the vesiculæ seminales, vas deferens, neck of the bladder, etc., brought into view, and we are now down two or three inches from the point of commencement of our dissection. These are, then, the structures which you will meet, and you will not now be surprised that I spoke so emphatically in regard to a thorough knowledge of the anatomy being requisite to success. In the latteral operation the incision should commence an inch and a half in front of the anus, a little to the left of the raphe or median line, and should be carried three and a half inches backward and outward to a point midway between the anus and tuber of the ischium, or a little nearer the tuber than the anus, to avoid all danger of injuring the rectum, as it bulges out, keeping the knife well lateralized all the time. Into this triangular space, then, you must cut—surrounded on all sides by dangers. You must cut necessarily skin, superficial fascia, external hemorrhoidal vessels, superficial perineal vessels and nerve, middle perineal fascia, transversus perinei muscle and artery, accelerator urinæ muscles, a few of the fibres of the levator ani, triangular ligament or deep perineal fascia, the compressor urethra, the membranous portion of the urethra, one lobe of the prostrate gland and the neck of the bladder. Your knife must be held firmly, and slightly lateralized, for if you carry it too far in, posteriorly, you injure the rectum as it bulges out above the anus, and produce a stercoraceous fistule; too far in, anteriorly, and you strike the bulb of the corpus spongiosum; too far out, the internal pudic; too far forward, the artery of the bulb; too far backward, and you may work into the connective tissue between the rectum and bladder, and perhaps not enter the latter organ at all, or perchance go up even to the peritoneum. The transverse perineal artery will probably be the first and only one which will give you any inconvenience, and may require a ligature.

Having satisfied yourself that a stone is present, either by the use of a sound or by a sounding board attached to its handle, you are ready for the operation. For several days previous to such an event, you should have your patient under especial preparation; particularly, be sure to put every function in the proper performance of its duty by a course of alteratives, diaphoretics, tonics, etc., with mild diluent drinks, and a little sod. bicarb. Previous to the operation, (the day before) the bowels should be thoroughly emptied by a dose of castor oil, and also by an enema a few hours before, since a full rectum adds to the danger of its being cut. The perineum should be well shaved. As I have said, always sound the patient, when placed upon the table, to avoid all chance of mistake; and in order to do this the more effectually, compel him to retain his water for several hours, or else inject the bladder with tepid flaxseed mucilage. Having ascertained the presence of the stone, the patient is drawn to the foot of the bed, the thighs flexed and held by assistants, a grooved staff is introduced, and should only be entrusted to a skillful holder, for upon its firmness against the arch of the pubis may depend the safety of the cut. Its handle should be held a little to the right, so as to present the groove to the left side. The external incision is then made, to the extent of which I have before spoken, and the structures, which I have enumerated, are divided until the staff is felt in the urethra, the finger being constantly in the wound to guide and guard each step. The point being now introduced into the groove in the staff, the knife is carried directly forward through the prostate into the bladder, the edge being still well lateralized, and the incision is enlarged to the supposed necessary dimensions. The rectum should at the same time be held out of the way, and care should be taken not to carry the incision too far back, lest the plexus be wounded. Many prefer the gorget for this step of the operation, and it is a safe implement; but I much prefer to avoid any change of instruments, proceeding on with the same long, narrow, straight bistoury with which I commenced.

If you have studied well the parts, and have avoided the dangers to which I alluded a few moments since, you will be able to make these incisions quickly and safely; but if ignorant and careless, you will probably become perplexed, and perhaps entirely lose your way. As you open the bladder a gush of urine ensues, and assures you of an entrance

The finger is now introduced in order to find the stone; the opening in the prostate is enlarged if necessary; the staff withdrawn, and the lithotomy forceps are carried in along the finger; the stone is grasped and if small is easily extracted. Should it be too large to pass through the opening in the prostate, this may be dilated by a slow, steady, sawing tension upon the stone, dragging it gently through; but first be sure that it is seized in its shortest diameter; or, it may be first crushed and then removed. Upon its removal introduce again the finger for other stones, or for fragments, then pass in a large catheter through the wound, and thoroughly wash out with tepid water everything that lies in the bladder; arrest the hemorrhage, and the operation is done. The hemorrhage may prove troublesome, either from the wounding of the transverse perineal artery, or the vesical plexus of veins; but the former may be controlled by a ligature, and the latter by plugging lightly around a catheter introduced through the wound into the bladder. The

internal pudic should not be, and is but rarely injured, and if so, must be ligated.

Having extracted the stone how shall we dress the wound?

The old rule was to tie the legs together and confine the patient upon the left side, but I have seen but little advantage from the former, while the latter will be sometimes impracticable in children, like these before us. They will become uneasy and must be allowed to roll about. My rule is, therefore, to give them all reasonable latitude of motion, and to permit them to lie in any position which may best suit their comfort. The bed is kept dry by a cover of gum-cloth, while a sheet is folded lengthwise in four, so that as fast as one portion becomes wet a dry part may be substituted and thus the patient is kept perfectly clean and all irritation is avoided.

No catheter is placed in the wound; in fact, nothing is done to it save the keeping it clean; and it is allowed to heal by granulation. The diet should be nutritious. The bowels should be kept in a quiescent condition until the third or fourth day, when they should be gently opened by a laxative enema. Should excessive irritation or vascular perversion occur, it can be combated by moist warm applications, frequently changed. The swelling of the wound will cause the water to pass through the urethra after the first twenty-four hours, but this will soon pass away, and it will not again follow the urethra perhaps until the tenth or twelfth day.

I have spoken thus far but of the "lateral operation," since it is the one now almost universally accepted. I have time but to speak of the other operations which have been fashionable at various times, but you will find them fully described in your books. I have here on the side table the various instruments required for the performance of these several operations, and you can examine them at your leisure. Here is the single lithotome caché of FRÈRE CÔSME; the double lithotome for the "bilateral operation," which is an operation as old as CELSUS; then there is the "Marian," or "median operation," in the raphe of the body, revived by RIZZOLI; and the "medio-lateral," which is performed with this rectangular staff; the "recto-vesical," revived by SANSON; the "supra-pubic," which was practiced as long since as 1561, by FRANCO; and "lithectasy."

[The boy's bladder being distended was now sounded, and considerable difficulty was experienced in finding the stone. After a time, however, a distinct click was elicited, and its presence assured both by Prof. AGNEW and Dr. WM. HUNT who was present.

The child being placed in the usual position, and a grooved staff inserted; the operation was commenced by a clean straight external incision, and a few cuts brought the point of the knife into the groove of the staff, through the membranous portion of the urethra, when it was carried immediately on through the left lobe of the prostate into the bladder; the whole time occupied being but a few seconds. The finger was now introduced again into the wound, but no stone could be felt. A few bands of lymph were found, however, stretching across the bladder like bars and were divided, but a thorough examination failed to detect the presence of any foreign body, and the operator expressed fears that he had made a "dry cut." A third time the finger was introduced, while strong pressure was made upon the supra-pubic region, thus bringing down the fundus of the bladder, and just as the finger was being again withdrawn its dorsum struck against a solid object, which, upon further examination, proved to be the scarcely projecting tip of a calculus, which was enclosed or held to the anterior wall by a pocket formed of bands of lymph. These were torn aside, and the scoop being introduced, quickly brought out a stone of the size of an almond. The bladder was then thoroughly washed, and all hemorrhage having ceased, the boy was warmly wrapped up and taken to the ward.—DE F. W.]

The delay which I experienced, gentlemen, in finding that calculus, will be a valuable lesson to all of you, for it shows you a difficulty which may sometime exist. It has never yet happened in my hands to cut a patient for stone and not succeed in finding it, yet it does occasionally occur—a procedure which is decidedly unpleasant both for the surgeon and patient. Yet, may not some of those cases been like the one before us, and the stone have existed, yet remained unrecognized? In one case, I know that this was so. Lithotomy was performed, but the calculus could not be found, and the wound was allowed to heal. Yet, after recovery, it was very evident that a stone did exist. Again lithotomy was performed, and again it was about to be abandoned, when the finger of the operator felt a hard body strike against it. Further examination revealed that the stone was suspended from the fundus by a band of lymph, and was swinging, pendulum-like, in the cavity. Be not, then, too quickly discouraged, but remember this case, and explore every portion of the interior of the bladder most carefully.

Urinary Calculus—Lithotomy.

The other case, a boy of six years of age, presents a similar train of symptoms to those which I have previously enumerated, and has, also, from time to time, passed small concretions. He has been upon a preparatory treatment of infus. uv. ursi and sod. bicarb., and is now ready for operation, as his health is in good condition.

While he is being etherized I may say a few words upon this "lateral operation" for stone. I have already spoken of the formation of these various concretions, either in the kidneys or bladder; of the irritation occasioned by their presence giving rise to a train of symptoms which may resemble those of several other diseases of the genito-urinary apparatus; of the anatomy of the perineum; of the different steps of the operation; of the preparatory

and subsequent treatment; of some of the complications and difficulties; and of the various other methods which have been employed for the purpose of extracting this foreign body.

The lateral operation has better stood the test of practical experience than any of the others; and one by one they have been dropped, except by their special advocates, until now this lateral operation receives the decided preference of a large majority of surgeons, for the reason that success has followed it in a greater proportion of cases.

It is an old operation, and was first brought prominently into notice by a Monk, Frere Jacques, who came to Paris in the year 1697, almost in rags, penniless and destitute, begging the opportunity of demonstrating his new operation for the removal of stone, and, after many refusals, at last obtained permission to perform it upon the cadaver.

In the presence of a large audience of professional men, he then cut boldly into the perineum upon the left of the raphe, guided only by a catheter—not a staff—opened the neck of the bladder, and with his forceps extracted a large stone which had there been introduced, with great èclat.

Other successes followed, and his star was indeed in the ascendency. Crowds followed him wherever he went, requiring even the interference of the police, and he was constantly engaged in the removal of calculi. Totally unlearned, and ignorant of the anatomy of the parts, however, it required but a short time to ascertain that two thirds of all patients upon whom he had operated died, and many others only recovered with urinary or stercoraceous fistulas, while several *post-mortem* examinations revealed the fact that he had recklessly cut through rectum, bladder, peritoneum, the entire urethra, etc., indiscriminately; in fact, all the structures which lay in the perineum. When remonstrated with in regard to such a course, his only reply was: "My business is only to get out the stone; it is God's business to cure them afterward."

At last, however, he became so unpopular that he was obliged to leave Paris, but soon appeared in Germany, where, after various reverses and successes, it was seen by the profession that there was some real merit in the operation, and he was, accordingly, taken and educated, and our present lateral operation is but the perfected condition of his original plan.

[The boy being ready, the presence of the stone was made evident to the class by means of an attached sounding-board. The ordinary lateral operation was performed, and a small uric acid calculus quickly extracted. All fragments were thoroughly washed from the bladder, that there might be no remaining nidus, and the hemorrhage soon ceased, without the application of a ligature.

Both boys were placed in bed, anodyne injections given, and they were treated as spoken of in the lecture—the folded sheet being constantly drawn on, and a dry portion substituted as fast as the preceding portion became saturated, thus insuring cleanliness. Both cases progressed most favorably, and in a few days were playing with their toys. After the first 24 hours the swelling of the lips of the wound compelled the urine to flow through the urethra; but as soon as this subsided, it dribbled from the wound until about the tenth day, when it again made its way through the urethra, and, at the present time, (three weeks), the wounds have almost entirely healed, and no unfavorable symptoms have occurred.

Several other cases of stone are awaiting their turn for operation, and will be presented at succeeding clinics.—De F. W.]

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

October 31, 1870.

(REPORTED BY J. W. HADLOCK, M. D.)

Operation for Strangulated Hernia with Adhesions of the Sac to the Scrotum and Bowel.

Dr. W. W. Dawson reported a case of strangulated inguinal hernia seen in consultation with Dr. Bramble. The patient was an adult negro. Chloroform and taxis had been repeatedly essayed. Reduction was impossible, from old adhesions to the sac and scrotum.

Seventy-two hours after the first visit, the symptoms indicating it, Dr. D. cut down upon the bowel by careful dissection through the supposed layers, when he suddenly found that he had entered the gut. The adhesions between it and the sac were of such a nature as to render them a common tissue, so that distinction was impossible. Having united the divided intestine with the glover's suture he finally succeeded in separating the bowel and returned it into the abdomen.

Death occurred in 48 hours. The case was one of old irreducible hernia; and though the patient claimed to have himself returned it on several occasions, it was improbable that this result had ever been entirely accomplished. Dr. D. closed his remarks by commenting upon the individuality of each and every case.

Dr. Gobrecht having had cases of the character of the present report, remarked that he had been entirely successful in effecting reduction by means of cold. He explained its action by its known power of exciting contraction of the blood-vessels and intestinal walls, thus diminishing their size, and consequently the size of the extended tumor. Heat and relaxents have a contrary effect. The first case of its employment in this observation was at the Pennsylvania Hospital, 18 years ago. It was then stated that prolonged taxis should be avoided, from danger of exciting inflammation. The

ice bag was applied, and a speedy reduction was effected.

Dr. CONNER suggested, that had there been no adhesions to the scrotum, the hernia might have been reduced *en masse*. Such adhesion as existed in the case just reported by Dr. Dawson, however, precluded the attempt.

Dr. C. related the case of a soldier who was suddenly awakened in the night by the pain of an immense tumor at the external ring. Taxis failed a reduction. There were no constitutional effects for four days, when death suddenly supervened. A decided reaction was manifest, however, a few hours before its occurence. A *post-mortem* revealed the bowel divided, by the constriction, for three-quarters of an inch of its circumference. The feces being removed, it could be readily returned.

Dr. C. further remarked upon the great efficacy of cold, detailing a case of recent success in an infant, with double rupture, in his own practice. The value of morphia hypodermically in certain cases, and the reported efficacy of acetate zinc, gr. v. to xv., with opium gr. j. per anum, was also suggested and commented upon.

Dr. Gobrecht hoped that his remarks had not created the impression that the knife was not occasionally a necessity. The constriction might be at the neck of the sac, and even then a reduction *en bloc* would not afford relief.

Dr. Dawson repeated that the general adhesions to the scrotum prevented a reduction *en masse*. Gross states that he has not used the knife since the introduction of chloroform, but in a case of the kind he had just related, incision offered the only hope of relief. Dr. D. further remarked, in reference to the return of hernia *en bloc*, that symptoms of strangulation have persisted even after its performance. The surgeon in such cases has cut down upon and divided the stricture, with complete relief. Dr. Wood had just such a case.

Dr. Gobrecht reported a case of hernia of the sigmoid flexure, in which forty-eight hours of taxis excited such inflammation as to produce one and a half pints pus in the peritoneal cavity. The protrusion exceeded anything of the kind that he had observed.

Dr. LUDLOW stated that he reported, two years ago, to the Academy, a case of strangulated oblique hernia, wherein he succeeded in dilating the constriction in forty minutes, by introducing the tip of the little finger between the extruded mass and the margin of the ring, and then pulling the ring forward, while he made gentle pressure on the tumor.

On this proposition, of dilating the ring, quite an animated discussion took place between Drs. Ludlow, Conner, Gobrecht and Orr.

Dr. Conner could not understand how, in *strangulated* hernia, the little finger could be introduced, the ring dilated, and the protruded mass returned. If the constriction would allow the introduction of the little finger he thought the hernial mass could be returned without any dilatation.

Dr. Gobrecht said the ring could *not* be dilated, because composed of white fibrous tissue, which was entirely inextensible. From the mechanical arrrangement of the fibres the position of the ring might be changed so as to allow the reduction of the hernial sac as for dilating; but white fibrous tissue for all practical purposes, it was simply impossible.

Dr. Ludlow remarked that he was sustained in the position he had taken, and in his practice in the case which he had just reported, by such authority as Gross and Erichsen.

Dr. ORR stated that Gross referred to Dr. SENTIN as having practiced that mode of reducing hernia, but thought Gross himself rejected the practice. At a subsequent meeting of the academy this discussion was renewed. Authors were freely quoted by each one of the contestants. The discussion grew very animated; sometimes warm; always interesting.

Dr. Ludlow referred to the authors quoted by him at a previous meeting to sustain his position in regard to the reduction of hernia. After detailing three cases in his own practice, including a repetition of the case reported at the last meeting, Dr. L. read from Erichsen, p. 779, Gross, p. 528; Peaslee's Histology, p. 277, relative to the practice of dilating the hernial ring, and the properties of white fibrous tissue. Dr. L. only wished to show that his statements were based upon the highest authority, and he was surprised that gentlemen engaged in teaching upon such subjects should not be familiar with the truth.

[Dr. L. here refers to Drs. Gobrecht and Conner, who are professors in the Ohio Medical Society.—J. W. H.]

Dr. Conner quoted from numerous authors, to show that the dilatation in these cases is effected by a laceration of the constricting tissue. He is, moreover, surprised to find in so many surgical works no reference at all to the method of SWETINE. Any real dilatation could only be accomplished by prolonged manipulation, such as would endanger the integrity of the bowel.

To this, Dr. Ludlow rejoined that the gentleman's statement to-night differed very much from what he stated at the preceding meeting. Then he was not inclined to admit of any dilatation *at all: now* he thinks by *long continued* manipulation, dilatation *might* be possible, but is fearful of injuring the bowel.

Dr. Gobrecht read from Cruvilhier and other authors, to establish his position in reference to the inextensibility of white fibrous tissue. Having quoted from these authors, he then made an exposition of the manner in which apparent extension oc-

curs, viz., by the peculiar arrangement of the fibres, wherefrom it results that the interstices may be changed in shape, while the individual fibres remain unchanged. An illustration of this is made with a handkerchief, the interstices being changed from a square to a lozenge by diagonal extension.

Dr. Gobrecht commented upon the valued of this property of inextensibilty, in the formation of tendons, ligaments, etc. What use could be made of the biceps if its tendinous expansion at its radial attachment were of elastic or extensible nature? He remarked further of the character of the tissue of the internal and external pillars of the abdominal ring, and the manner in which the ring itself is changed in shape. Without any elongation of its fibrous border or real increase in size, the circle is merely changed to an oval.

It is admitted that very long continued dilatation would extend the fibres to a very slight degree, but such extension would imply the destruction of one of the physical properties of this tissue, which would never be again restored. By strong pressure of long duration the intercolumnar fibres might be pushed up so as to increase the orifice.

The collateral evidence of the inextensibility of this white fibrous tissue is observed in the position of aneurisms, abdominal aortic being just below the diaphragm, popliteal below the ring in the abductor magnus, femoral below the femoral ring, etc.

Dr. G. further remarked upon the effects of cold in reducing the size of the protruded gut on the principle previously mentioned, and returns to the deduction that white fibrous tissue is, and remains, to all practical purposes, inextensible, highly flexible, but inelastic. These are its physical properties now incontrovertibly established in anatomy, any surgical testimony to the contrary notwithstanding.

Dr. Ludlow rejoined by saying that he did not present himself as an authority in either surgery or anatomy. He simply narrated a case, and the attempt had been made to show that he could not have been successful in the treatment claimed. The issue taken was a direct one, viz.: the *total* inextensibility of white fibrous tissue. It was claimed that he could not have inserted even the end of the finger beneath the ring. It is now admitted, what was before denied, viz.: that slight dilatation *may* follow long continued extension. Bell, Gross, Erichsen and Peaslee support this view. Wilson shows two diagrams of this tissue on opposite pages, one relaxed and the other stretched.

Dr. L. expressed his surprise that Dr. Conner could find so few authorities upon this subject. It is noticed in Bell, vol. ii., p. 26; Arnold & Chelius, p. 279 refers to Swetine, Le Blanc, and le Cas for dilatation without cutting. In the face of such authorities the evidence presented to-night by Drs. Gobrecht and Conner falls to the ground.

Dr. Gobrecht thought that testimony taken from works of a purely surgical character should not be taken as evidence upon a question purely anatomical. And as to the cuts in Wilson, Dr. G. claimed that as he placed them there, he should be familiar with their design. The stretched figure is merely an exhibit of a straightened band, not an extension in the literal sense.

Dr. Conner thought Dr. Ludlow had read to very little purpose if he had not observed in the quotations from the surgical works referred to that dilatation is practieed after *external* incision.

Soulles' edition of Chelius condemns this mode. Citation is also made from Scarpa to the effect that the descent of the gut is effected by crowding the fibres of the ring together—not by their extension. The support claimed from Peaslee is invalidated by Peaslee's express remark, that white fibrous tissue is almost totally inextensible.

Swetin's method, and Gross's opinion of the same, is fully set forth in a recent lecture by Gross upon this subject.

[Dr.C. then read from Gross in the *American Medical Times*, October 1, the effect that the dilatation, as recommended by Swetin, always implies a forcible laceration of the ring, and in certain cases is attended with danger of rupture of the bowel. It is proper to state that this report is made largely from the secretary's (Dr. Whitaker) minutes.—J. W. H.)

Editorial Department.

Periscope.

Subnitrate of Bismuth in Cholera Infantum.

In *The American Practitioner*, W. Walling, M. D., gives the following account of this remedy: Having had very satisfactory success with subnitrate of bismuth in the treatment of cholera infantum, I am induced to submit the results of my experience to my professional brethren. In private practice and in the Western Dispensary of Louisville, I have had an opportunity of treating thirty-three cases of this disease during the past season. In the first case in which I prescribed the bismuth vomiting was intractable, and it was this symptom which led me to make trial of the remedy. The effect was prompt. Not only was the retching arrested, but with it all other symptoms were relieved.

Since then I have used the bismuth to the exclusion of all other internal remedies, except occasionally in malarial cases the sulphate of quinine. I prescribe it in doses of ten grains to a scruple, repeated every second hour, until relief is experienced. I direct it to be given in the mother's milk, recently drawn; or, if the child is not at the breast, in any article of food it may be taking.

The shortest period in which I have arrested the disease with this remedy is seven hours, or after the administration of four doses. The longest time that I have had a patient under treatment with it was three days. The average duration of the thirty-three cases was fifteen hours.

I have enjoined, in all cases, abstinence from all articles of diet but milk, and have directed this to be given in small quantities and at regular intervals.

Of the thirty-three cases which have fallen under my care this season, not one has had an unfavorable termination. In some the symptoms were violent. In a number the hygienic circumstances surrounding the little patients were exceedingly unfavorable.

New Treatment of Piles.

At the last meeting of the British Medical Association Dr. DANIEL MACLEAN, of Glasgow, read a paper of great interest, published in the Association's *Journal*. After speaking of the pathology of hæmorrhoids, he says:

Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this sacculated condition continues, you have an abnormal condition of parts with its accompanying suffering; and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over-strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor by a process analagous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

Hæmorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first get a free evacuation of the bowels by some aperient medicine; and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well-oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac, with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remain the thickened integument and whatever effusion of serum may have taken place into the cellular tissue.

In the beginning of the application of this process, the pain is sometimes considerable; but, as the tumor becomes emptied, the pain decreases, and, when it is fully reduced, a great sensation of relief is experienced. The reduction of the first hæmorrhoid being completed, the same procedure is applied to the others in rotation; and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than postparturient. In these last, their acute origin is much more recent, and therefore much more easily reduced; but whatever the cause, the method of treatment is still the same, and will be found of value.

Looking to the pathology of hæmorrhoidal tumors, containing, as they do, a single sac, or a plurality of sacs, with fluid contents; the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

In external and intero-external piles, they are—if not seen sufficiently early—besides the fluid contents, what I have called the results of the hæmorrhoidal condition, viz.: the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or at one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but, whatever force this objection may have theoretically, it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of the two or three years during which time I have employed the plan. The same or an analogous condition of parts is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size, and shape, can only be coagulated blood obstructing the venous return, and keeping up the congestion surrounding the ulcer.

By applying the kneading process, and causing the patient occasionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

In internal piles, the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done as in the removal by the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles, and, on the return of the bowels, we attend to the constitutional disorder and give injections of astringent lotions, etc.

When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case.

Syphilis of the Nervous System.

Dr. E. L. Keyes read a paper upon this subject, based upon the clinical observation of thirty-four cases, to the New York *Medical Journal Association*. His conclusions are:

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after contraction of an infecting chancre, or at any period later during the life of the individual.

2d. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation and the severity of the lesion, and the nature, situation and severity of the nervous symptom to which that lesion may give rise.

3d. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4th. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age and having had fixed constant headache for some time before the attack.

5th. That mydraisis existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6th. That paralysis of single muscles or sets of muscles are frequently syphilitic.

7th. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that it is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8th. That syphilitic epilepsy usually occurs after thirty in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long; but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance, from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11th. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12th. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis.

13th. That the prognosis is better, as a rule, for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14th. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases, and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.

Binoxide of Hydrogen as a Cosmetic.

The *Druggists' Circular* says: This new cosmetic has been lately introduced into the perfumery and druggist shops of France, representing a clear, colorless, and limpid fluid of slightly acid reaction. It is used for bleaching dark hair, giving it a much esteemed auburn tint, and is perfectly harmless. The binoxide of hydrogen was discovered about fifty years ago by Thénard, who already then recog-

nised its powerful bleaching properties, based upon the active condition of one equivalent of oxygen. Its formula—viz.: H_2O—shows it to be oxydised water, and it has been used for a number of years to bleach feathers, for which a great demand exists in Europe, not only on the part of ladies, but also among officers, for court dresses. Thénard recommended it for the removal of freckles. It is prepared from binoxide of barium, this being decomposed by weak hydrochloric acid; the resulting chloride of barium, which is dissolved in the binoxide of hydrogen solution, is precipitated by careful addition of dilute sulphuric acid until a fresh precipitate ceases to form, when it is filtered and ready for use.

Sunstroke.

The *Fremdenblatt* contains a correspondence from a traveler who, on March 23, 1866, was near the Dead Sea with a party of eighteen, one of whom fell from his horse, overcome by the excessive heat of 42° R. (126.5° F.) One of the Bedouin guides bathed his hands, head and face with lemon juice, after which the sufferer was able to ride two hours, to the banks of the Jordan, where he could rest for several hours, and then completely recovered.

Reviews and Book Notices.

NOTES ON BOOKS.

We have recently received the proceedings of the convention for the reorganization of the medical society of the State of California, and of the first annual meeting, together with the constitution, rules of order, and code of ethics of the society. From this pamphlet of forty-one pages we learn that the society was incorporated November 1, 1870. Dr. T. M. Logan, of Sacramento, was elected president. The Code of Ethics of the American Medical Association was adopted; and it was agreed that the next meeting of the society should be in San Francisco, on the day next preceding the meeting of the American Medical Association, that is, the first Monday in May, 1871.

Dr. B. Joy Jeffries' Report on the Progress of Ophthalmology, made to the American Ophthalmological Society, in July, 1870, is a very complete survey of the advancements in this department of survey for the year. Nearly a hundred different articles and monographs are referred to, all published within the period, in various languages. All students of this branch should obtain it. It can be had by addressing Dr. Jeffries, Boston, Mass.

BOOK NOTICES.

Materia Medica for the Use of Students. By John B. Biddle, M. D., etc. Fourth edition, revised and enlarged, with illustrations. Philadelphia: Lindsay & Blakiston, 1871. 1 vol., 8vo. cloth, pp. 385.

This survey of the Materia Medica is intended for the use of students, and is another of those epitomes which American professors find it necessary to write in order to cram their auditors with the greatest quantity of facts in the shortest possible time. The principle such instructors act on is *haud multum sed multa*. Their works are comprehensive and superficial; they treat of a whole science in the compass of a duodecimo; and it tasks the resources of typography to stretch them to an octavo. The abundance of such productions is no good sign. We can form no flattering opinion of the tree which bears such fruit, nor of the education which is satisfied by such books.

Of its kind, Dr. Biddle's book is as good as any. He intends it as a text book to accompany his lectures; but we hardly suppose it contains all of his instruction that he wants his auditors to remember. Yet, if it does not, why not write a more thorough treatise?

That this is the fourth edition proves that Dr. Biddle knows his market. We wish, for his sake, it were in a better line of goods. The improvements on the last edition consist in a number of articles "modified, or re-written," chiefly concerning late additions to the Materia Medica. The paper and printing are praiseworthy.

The Gynæcological Record. A Book of Blank Forms, intended as an aid to the busy practitioner, in recording Gynæcological cases; with an appendix of blank leaves, and tables for the ready analysis of the contents of the book. Prepared by Joseph G. Pinkham, A. M., M. D., etc. Approved by the Gynæcological Society. Boston. James Campbell, publisher, 18 Tremont street Boston, 1870, 4to. cloth, pp. 196.

The nature and purpose of the above work are so fully described in the title that it leaves little for the reviewer to do, especially as a blank book gives the critic but a small chance to wield his trenchant blade. The first half of the book is occupied by the record proper. Each case is allowed four pages, under the headings—history, present condition, physical examination, diagnosis, and subsequent remarks. The points to be observed are printed, and under "diagnosis" there are two wood cuts, one representing the anterior aspect of the abdomen, the other a median section of the pelvis, so that any lesion may be indicated by the pen.

The forms are very carefully thought out, and will be of great advantage to the gynæcologist. They will serve not only as a record, but as a complete reminder of what to observe in these cases, and will add much to the accuracy of the diagnosis and consequently to the success of the treatment.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 24, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send a copy of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE COUNTRY PRACTITIONER.

In an intercourse extending over many years with professional brethren both in the city and country, we have often felt how unjust is the appreciation of country practitioners, as a class, not merely by the public but by the medical men who have been trained and reside in the commercial centers.

As a rule, the country doctor is a better educated man than his neighbors; he has seen more of men; he knows their physical and moral nature better, he has daily opportunities to watch them in the great crises of life; his sympathy is educated by the frequent sight of suffering; he has learned the deep ingratitude as well as the warm thankfulness of the human heart His life is a hard and a poorly paid one; and hard as it is, he often does not insist on the reward which he could obtain. How often do we hear of such a one that "he is not a good collector."

Such experience and such training do not tend to make a man as sharp in money matters as his neighbors; but it refines and cultivates the better portion of his nature. Who can estimate the amount of unobstrusive charity which country practitioners do every year? There is no possibility of sending the penniless applicant to some other doctor. There is no "physician of the poor" who has it a paid duty to attend them.

At all hours and in all weathers, to rich or to poor, to the grateful and the thankless, the country practitioner must render his services; and he does it cheerfully and willingly.

This solitary education of the heart and intellect makes them a distinctive class. In no other do we find stronger and more independent views, verging, we grant, occasionally to dogmatism, but, considering their lonely study, wonderfully rarely. The scientific knowledge of these men usually perishes with them, a fact much to be regretted, for this knowledge is not the result of the teachings of the schools, but of closely weighed experience.

It is not enough considered, and yet it is strikingly true, that many of the most beneficent discoveries in medicine, surgery, and physiology have been by country practitioners, men who, in the retirement of rural life, devoted their spare moments to study and reflection on the human economy. For ourselves, the most original and bold thinkers, and some of the most skilful combatants of disease we have ever met, belonged to the class of whom we are writing. They care less for theory than for practice; less for words than for facts, and undisturbed by the advocacy of therapeutic principles, they learn more of therapeutic *possibilities*.

We have always wished and urged upon this class of men to communicate more freely than they are wont the results of their labors. We have always felt that it is a duty for them, and one the performance of which will benefit the cause of medicine and consequently of humanity, and reflect credit upon the American profession; and we now repeat and emphasize that wish.

Notes and Comments.

German Military Surgery.

A medical correspondent of the *Nation*, of New York, forwards to that paper an interesting description of the medical branch of the Prussian service. We insert some extracts from it, premising that we are pretty well convinced, from reading the entire article, that the writer is *not* one who has witnessed much service on the battle-fields of this country during the late war:

"The total number of surgeons at the present time employed in the army approaches 3,000, while it is ordinarily less than 2,500. An army corps of 40,000 men has sixty surgeons and provision for twelve field hospitals, each accommodating 200 men, and supplied with five surgeons, about thirty *krankenträger*, or bearers of wounded, and a proportionate number of nurses, assistants, ambuances and carriages of supplies. Each field hospital moves with the army, and is charged with the care of the wounded as they come directly from the field. One half of the surgical force station themselves in action directly in the rear of the army, and do for the wounded whatever immediate emergency may require before they can be sent to the second station, which is more permanent, and where large operations are performed. Here blood flows freely and suffering is dire; and the red blouse with which the surgeon envelopes his uniform is sadly significant in its hue. The remainder of the surgical force of each field-hospital is here employed, and here the wounded are retained until their removal is dictated by prudence or demanded by necessity.

"You will perhaps allow me a few words on German operative surgery and surgical appliances as compared with those of our own country. The Germans are pre-eminent in deep investigation, skilful theorizing, and thorough information; but I endeavor to be perfectly candid when I say I have seen nothing which led me to think less highly of the surgeons and the surgery of America. One who has seen and studied practical surgery in any of the chief American cities will look in vain for the order, the skilful manipulation, the rapidity and brilliancy to which he is accustomed at home; and these are not compensated for by any diminution of the sufferings of the patient or increase in his safety. The operating room, during the performance of an operation, is a sort of Babel. The preliminaries do not seem to have been arranged, the instruments are beyond the reach of the operator, and no one person is charged with the duty of handing them. When he calls for an instrument, several of the bystanders simultaneously attempt to comply with his request. Those who look on discuss the various steps freely and in loud tones, and offer any suggestions that occur to them. Their instruments, though made of far finer material than we get in America, are clumsy in appearance and construction, and awkward for the hand. The American models of the more common instruments exceed them by far in elegance and neatness. They know little concerning many convenient, ingenious, and tidy contrivances which are considered indispensable in England and America; and it is amusing to see the lofty indifference with which they listen to any suggestion of the possibility of methods or appartus superior to their own."

An Excellent Move,

The Minnesota State Medical Society has distributed a circular, through its committee on surgery, on malignant diseases, non-malignant diseases, deformities, erysipelas, and anæsthetics. The circular says: "It is the special object of the committee at this time to discover, if possible, the history of the surgical diseases specified in the following particulars, viz: *nationality of the patient*, whether the disease is congenital, its specific form and duration, and whether any effects of climate or residence on its origin and progress are apparent. The varieties of race in the State, and their comparatively short residence here, render our inquiries important and more easily answered now than can be done at a later time."

This is a timely hint which we should be glad to see adopted elsewhere.

A "Mother's Mark."

The following case is sent to us by Dr. D. C. Leavenworth, of New Haven, Ct.:

A respectable and intelligent lady, who has been under my treatment for uterine disease, has a child which is healthful and well formed with the exception of one eye, which is useless so far as sight is concerned. It has the appearance of having been destroyed, either by violence or some inflammation peculiar to the eye.

The history of the case is as follows: When the mother was about three months advanced in pregnancy, a person in the neighborhood was accidentally struck by a bottle, which breaking, inflicted a severe wound that eventually destroyed the eye. There being no physician in the village where she resided at the time, she undertook the task of dressing the wound. The sight made a decided impression on her mind, as she says, "the horrible sight was before me night and day for weeks." She was strongly impressed that the "child would be marked." No other incident of consequence occurred during her pregnancy. When the child was born the mother's fears proved too true; it was disfigured in the manner above described.

Poisonous Fertilizers.

A correspondent calls attention in the *Scientific American* to a source of ill-health that we do not remember to have seen noticed before. Speaking of preparing animal manures by sulphuric acid, he says:

Common oil of vitriol is, as far as I know, the substance used by all manufacturers; but I think none but the chemically pure acid should be used. The common acid often contains a small quantity of lead and arsenic, both of which are known to be absorbed by plants when presented to their roots.

Dr. Edmund Davy, professor of agriculture and agricultural chemistry, in the Royal Dublin Society, published a paper, in 1859, calling attention to the danger of using manures containing arsenic; yet there has not, up to the present time, I believe, been a pure article of superphosphate of lime put in the market. I think the use, for the purpose mentioned, of acid containing arsenic or lead ought to be prohibited by law.

The Causation of Typhoid Fever.

Our friend, Dr. EDWIN M. SNOW, the Registrar of the city of Providence, remarked in his report for November, 1870: "There were ten deaths from typhoid fever in Providence in November, which number was larger than the average. This disease has been more than usually prevalent in the city during the last three months, though with no approach to an epidemic, or endemic prevalence. In numerous places in the country portions of the State, especially near streams or ponds of water, typhoid fever has been very prevalent and fatal this year. The result of extended investigation in this city and State during the last twenty years seems to indicate that typhoid fever is caused by certain conditions of decaying vegetable matter, while typhus or ship fever results from causes connected solely with animal matter. Hence, perhaps, we have an explanation of the fact that typhoid fever prevails much more in the country than in the city, while typhus is found more where human beings are crowded."

Ivy Poisoning.

Mr. H. MARKHAM, of Port Jefferson, New York, sends the following note to the *Scientific American:* I send you a prescription which I am satisfied, from ten years' experience, is the very best remedy for ivy poisoning. It is simply to bathe the parts affected freely with *spirit of niter*. If the blisters be broken, so as to allow the niter to penetrate the cuticle, more than a single application is rarely necessary, and even where it is only applied to the surface of the skin three or four times during the day, there is rarely a trace of the poison left the next morning. Having often, previous to the discovery of this antidote, been rendered helpless and blind by ivy poison, I know its worth to those effected thereby.

ERRATA.—Some very annoying errors occurred in THE REPORTER of last week, from corrections not having been made by the printer. In Dr. TURNBULL'S article, page 488—in his name read LAURENCE; read LIEBREICH for *Lubriech;* 2d column, 12th line from bottom, read *papilla;* page 489, 1st column, 11th line from top, read *purulenta;* 16th line, read stair-*way;* 9th line from bottom, read *aperture.* On page 502 in the article on Hydrangea Arborescens, the first *r* is omitted in the word arborescens throughout.

☞ A letter containing money has been received from some one at Cadiz, Ohio, who forgot to sign his name. Who sent it? What amount? What for? When mailed? Having several subscribers at Cadiz, we cannot even *guess* who the sender is.

Pathological Laboratory.

A Pathological Laboratory has been established in New York, over the Bellevue Hospital Museum, for the benefit of medical men resident in that city. The modus operandi is similar to that pursued on the Continent—animals being kept on hand for experimental investigation. We understand, though recently commenced, it is progressing favorably.

An Antidote to the Irritation of Cowhage.

Mr. J. WEICHSELBAUM communicates to the *Am. Jour. Pharmacy* the following letter: In cleaning our store, yesterday, one of our men came across a can not labeled. Not knowing what it was, he took some out with his hand to examine it; the same time he called one of the boys, and asked him if he knew what it was; not knowing, he also took some in his hand. A short time afterward they both came to me, bringing the can with them, and told me all about how they got it on them. They said it itched terribly, and wanted me to apply something. The can contained *cowhage.* They tried to wash it off with soap and water before they came to me. I applied some olive oil, and several other oils, which relieved them not the least. A bottle of *camphor liniment* being near at hand, I tried some of that, which relieved the itching sensation at once. Seeing that it relieved the itching so quickly, I put some *cowhage* on my hand; after the itching commenced, I applied some of the camphor liniment, which relieved me in an instant.

Correspondence.

DOMESTIC.

Penetrating Wound of Abdomen—Protrusion of Bowels.

EDS. MED. AND SURG. REPORTER:

Was called, October 16, 1870, at 3 o'clock, P. M., to see Oliver L., æt. 16 years; gored by a horn of a cow, producing a penetrating wound of the abdomen, two inches below the umbilicus, and one inch to left of median line; wound two inches in length, transverse. About two feet of illeum, with lower border of the omentum, was protruding from the wound; saw the patient half an hour after injury; sent for assistance and anæsthetic. During the half hour that elapsed before the arrival of Dr. MURRAY and the anæsthetic, the protruded bowels were kept enveloped in cloths wrung out of warm water, stimulants administered, and warm blankets applied to the body. The prostration was very great. The protruded bowels were so sensitive and painful that no attempt was made at reduction before the chloroform was obtained. The patient was placed on a dining table, and chloroform administered to complete anæsthesia. Upon examination of the bowels they were found to be uninjured; the mesentery was torn in three places; about a pint of blood in the folds. They were cleansed as carefully as could be from coagula and dirt, and returned to the abdominal cavity. The wound was closed with three sutures, warm water compress applied and bandaged, then placed in bed. He rallied nicely from the chloroform; ⅓ gr. morph. was given; reaction came on slowly without the use of stimulants.

At 10 o'clock, P. M., the reaction had become violent. Pulse 160; had vomited shortly after the morphia was given; ⅓ gr. more was given, which produced quietness and some sleep. Cold water was now applied to the wound and entire abdomen. Fluid extract verat. vir. was given in full doses every two hours; morphia as often as pain and restlesness appeared; thirst intense; having no ice, the patient was allowed to drink freely of cold water, which would be vomited as soon as it would accumulate to the amount of about a pint on the stomach. At 2 A. M., 17th, swelling had taken place; the bandage had to be slackened; complained of great pain, and ½ gr. morphia was given; cald water kept constantly applied to the abdomen. Pulse still 160; verat. continued. At 8 A. M., pulse 130. Had slept about four hours, but was now complaining of pain and tightness of bandage; ⅓ gr. morph. was given; verat. continued in less frequent doses. From this time the violent symptoms gradually gave way; vomiting still continued during the 17th and 18th, occasionally stercoraceous in character; on 19th pulse was 88, and patient comfortable; took some nourishment; vomiting subsided.

On the 24th the syringe was used, with warm water, and a large alvine evacuation obtained; 25th took a small dose of castor oil, and had a free passage. The sutures were removed on the fourth day; the wound healed nicely, and everything progressed satisfactorily until the 26th. The tumefaction of the abdomen had subsided, but he complained of pain in the hypogastric region. No marked tenderness could be found in any part of the abdominal walls. The pain seemed to be deeply seated. On introducing the catheter, which had been done twice each day since he received the injury, after the urine passed off, air passed from the catheter for some moments, making a perceptible noise, and was noticed by persons in the room not near the patient. This occurred each time I used the catheter on the 26th, 27th, and the morning of the 28th. During the days first mentioned, the general condition of the patient was anything but encouraging. His appetite, which had been good, gave place to complete anorexia; tongue darkly loaded; pulse, 100 and feeble; chills and fever alternating. I was led to conclude, from the symptoms, that suppuration was taking place, and its termination was a matter of serious apprehension, on my part. On the evening of the 28th, a few moments before I arrived, a feeling came upon the patient all at once that he could make his water, and so strong was the desire that it could not be controlled until a vessel was procured, and, consequently, a large amount of urine, together with at least 4 oz. of pus, was voided on the mattress. The urine and pus was not mixed as they would have been had they remained together for any great length of time in the bladder.

From this time onward his improvement has been gradual and permanent. I never had occasion to use the catheter after the discharge of the abscess. A small quantity of matter was voided with the urine for several days. At present date, Dec. 6th, the patient is able to walk about in his room with ease and comfort, with all prospects of a happy recovery from an injury of the most serious character.

I have endeavored, as briefly as possible, to give a few of the salient points in the history and treatment of this case. The discharge of gas, and termination of abscess, are points of peculiar interest as complications rarely met with. The situation of the abscess was in all probability in the parietes of the abdomen, and opended into the bladder on the anterior sufrace below the peritoneal covering.

J. L. CRAWFORD, M. D.,

Saltsburg, Ind. co., Pa., Dec. 6, 1870.

The Treatment of Dysentery.

EDS. MED. AND SURG. REPORTER:

I don't think that Dr. STEPHEN makes a fair showing of the good results in the treatment of dysentery; by large doses of ipecacuanha. He precedes his ipecacuanha, every time, with "large doses" of laudanum, which I am inclined to think played an active part in the cure of his reported cases. In the summer of 1838, the second year of my practice, I went through a terrible scourge of dysentery. In a strip of territory, some ten miles long, by about three miles wide, scarcely a family escaped. I prescribed for a large proportion of these cases. The "indication" I tried to fulfil was to "unload the bowels" of any irritating matter that might be there, and to excite the liver and skin to the performance of their functions. My success in the above treatment of that epidemic averaged that of my professional brethren, who were likewise engaged in treating it, though we lost a good many of our patients. I have since then prescribed for many cases of dysentery, and went through another serious epidemic in 1849. I have, however, long since ceased to fight "scybala," or play the fool with the liver. The "indication" I now try to fulfil is to procure rest and comfort for my patient. To this end I prescribe opium in some form, in sufficiently large doses to accomplish my object. With this treatment my patients generally convalesce in a very few days. Opium, I think, is "heaven's last, best gift to man," notwithstanding chloral hydrate.

Yours truly,

L. G. HARLEY, M. D.

Wooster, Ohio, Dec. 5.

WORDS OF ENCOURAGEMENT.

☞We are glad to receive, and occasionally to publish the favorable opinions of our friends, and take occasion to say that they are accompanied with the most substantial "encouragement" in the shape of renewed subscriptions and the names of new subscribers. *Push the canvass, friends!* THOSE WHO HELP US, HELP THEMSELVES AND THE CAUSE.

Dr. S. W. E., Ind.—"In the pages of THE REPORTER I have found the experience of the honest country practitioner, the valuable clinical reports of our first American Hospitals and Colleges, together with the transactions of Medical Societies from all parts of the Union, all of which is beyond price to a medical man who has the interests of his patients and the profession at heart."

Dr. J. S. C., Md.—"Send me the HALF YEARLY COMPENDIUM also—THE REPORTER suits me exactly, and I want more of the same sort."

Dr. C. W. F., N. Y.—"In fact, you had better record me as a permanent subscriber for *all* your publications, till further notice."

QUERIES AND REPLIES.

Chloral.

MESSRS. EDITORS: Does the hypnotic effect of chloral hydrate, when administered as an anæsthetic in parturition extend to the child also? In the only case under my observation it was given in 15 gr. doses every fifteen minutes during a period of one hour and twenty minutes, the woman being unconscious of the birth, and mother and child quickly dropping into a profound slumber of eighteen hours' duration. Yours,

O. B. TYDINGS.

Big Spring, Ky.

[*Ans.*—The use of chloral in parturition is so recent that we lack extended observations on this point; we shall be glad to hear from our readers about it.]

Chronic Enteritis.

Dr. J. M. Mc., of West Virginia, asks advice in an obstinate case of enteritis, a married lady, æt. 24; symptoms, tenderness over the whole tract of the bowels, occasionally extreme pain from gastric distension, pustular and flocculent discharges. Opium and the vegetable astringents not tolerated.

Nux Vomica.

Dr. A. P. E., of Texas, propounds the query, why it is that nux vomica is a tonic for all animals born with their eyes open, and a certain poison for such as require some interval of time after birth before they can open their eyes.

Ans.—We do not know.

Physicians' Account Books.

Dr. H. H. L., of N. J., and others.—We know of three different styles of Physicians' account books. Each has its peculiar excellencies. Such books are systematic, and it requires a systematic mind to be satisfied with them. RIHL'S Account Book, published in this city, is $8. BARR'S, also published here, $8 and $10. GOFF'S, published in Washington, is $12.

Dr. S. H. B., Pa.—There are *two* good works on the physiological action of alcohol on the human system, one by Dr. Carpenter, price sixty cents, the other by Drs. Miller and Lizars, of Edinburgh, price $1. I can send them.

Dr. G. W. C. J., of Pa.—Meigs & Pepper, on Children, was issued quite recently, and will not be likely to be revised to any extent for some time yet. If the edition is nearly exhausted, it will be simply reprinted.

Dr. L., of N. J.—Single volumes of Gross' Surgery cannot be procured.

MARRIED.

BUCHER—YOUNG.—On the 1st inst., by the Rev. Samuel W. Reigart, assisted by the Rev. George Morris, Robert A. Bucher, Esq., of Mechanisburg, Pa., and Mary, daughter of Dr. Robert G. Young, of the same place.

KIRKPATRICK—CRONISE.—November 22nd, in Evangelical Reformed Church, Frederick City, Md., by Rev. Dr. Zacharias, Dr. J. C. Kirkpatrick, of Mansfield, Pa., and Miss Ella Cronise, of Frederick City, Md.

MAYNARD—CARSON.—On the 24th ult., by Rev. J. H. Peters, E. F. Maynard, M. D., of Pittsburg, and Miss Lottie E. Carson, only daughter of Nicholas Carson, Esq., of this city.

DIED.

JAQUETTE.—Suddenly, of disease of the heart, on December 11th, 1870, Dr. F. S. Jaquette.

KOHLER.—In Whitehall township, Lehigh county, Pa., on the 7th of December, Dr. Wm. Kohler, aged 68 years. He was an active member of Lehigh County Medical Society, and labored in the practice of his profession for forty-five years.

SERIAL

P
Med
M
v.23

Medical and surgical reporter
(Philadelphia)

GERSTS